

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS**

CALEB BARNETT, <i>et al.</i> , Plaintiffs, vs. KWAME RAOUL, <i>et al.</i> , Defendants.	Case No. 3:23-cv-209-SPM ** designated Lead Case
DANE HARREL, <i>et al.</i> , Plaintiffs, vs. KWAME RAOUL, <i>et al.</i> , Defendants.	Case No. 3:23-cv-141-SPM
JEREMY W. LANGLEY, <i>et al.</i> , Plaintiffs, vs. BRENDAN KELLY, <i>et al.</i> , Defendants.	Case No. 3:23-cv-192-SPM
FEDERAL FIREARMS LICENSEES OF ILLINOIS, <i>et al.</i> , Plaintiffs, vs. JAY ROBERT “JB” PRITZKER, <i>et al.</i> , Defendants.	Case No. 3:23-cv-215-SPM

**REPORT AND DECLARATION OF DR. MARTIN A. SCHREIBER,
MD, FACS, FCCM, COL, MC, USAR**

REPORT AND DECLARATION OF DR. MARTIN A. SCHREIBER

I, Dr. Martin A. Schreiber, MD, FACS, FCCM, COL, MC, USAR, declare under penalty of perjury that the following is true and correct:

1. This declaration is based on my personal knowledge and experience, and if I am called as a witness, I could and would testify competently to the truth of the matters discussed in this declaration.

2. I hold my opinions to a reasonable degree of medical and scientific certainty, based on my education, training, research and clinical experience, as well as my knowledge of relevant medical literature and the application of scientific principles to wounding ballistics.

3. Also relevant to the formation of my opinions is my knowledge of accepted standards of medical practice as they apply to emergency medicine.

4. I further base my opinions on my experience as a trauma surgeon both for military and civilian patients and as a soldier who has received weapons training and is required to carry weapons on deployment, which I discuss in more detail below. My curriculum vitae, which is attached as **Exhibit A**, documents my educational and professional experience in detail.

5. I am being compensated at a rate of \$250/hour.

6. During the past four years, I have participated as an expert witness in over 30 cases, the vast majority of which were malpractice cases involving trauma and emergency general surgery patients. I have attached a list of cases for which I have provided expert testimony in the last four years as **Exhibit B**.

7. I have been retained by the Office of the Attorney General of Illinois to provide expert testimony in litigation challenging various aspects of Illinois Public Act 102-1116, also known as the Protect Illinois Communities Act. As of the date of this declaration, the scope of

my engagement includes providing expert testimony in the following cases: *Harrel v. Raoul*, Case No. 23-cv-141 (S.D. Ill.); *Langley v. Kelly*, Case No. 23-cv-192 (S.D. Ill.); *Barnett v. Raoul*, No. 23-cv-209 (S.D. Ill.); *Federal Firearms Licensees of Illinois v. Pritzker*, No.23-cv-215 (S.D. Ill.); *Herrera v. Raoul*, No. 23-cv-532 (N.D. Ill.); *Bevis v. Naperville*, No. 22-cv-4775 (N.D. Ill.); and *Kenneally, et al., v. Raoul, et al.*, No. 23-cv-50039 (N.D. Ill.). I have reviewed the provisions of Public Act 102-1116 being challenged in this case.

BACKGROUND AND QUALIFICATIONS

8. I am board-certified in general surgery and surgical critical care and a Colonel in the United States Army Reserve. I have been a soldier for nearly 40 years. I joined the United States Army Reserves in 1984, completing my Army Officer Basic Training Course at the Silas B. Hays Army Hospital in 1985.

9. I have been a surgeon in a number of military settings, including Chief of Surgery for the 31st Combat Support Hospital and a general surgeon and Medical Director of the Surgical Intensive Care Unit at William Beaumont Army Medical Center.

10. When the United States went to war in Afghanistan and Iraq, I volunteered for active duty and deployment. I was deployed three times, serving in Iraq in 2005 and Afghanistan in 2010 and 2014.

11. During my deployment to Iraq, I was the Chief of Surgery for the 228th Combat Support Hospital in Tikrit, Iraq.

12. During my deployments to Afghanistan, I was Director of the Joint Theater Trauma System, United States Central Command in Bagram, Afghanistan, and a surgeon with the 932nd Forward Surgical Team in Shank, Afghanistan.

13. While deployed, I have cared for countless casualties (in the hundreds), including casualties to U.S. service men, soldiers and police of our allies, residents of host nations, and enemy combatants.

14. As a soldier, I have been required to qualify with a 9mm Beretta handgun on a targeted shooting range on numerous occasions. I have also qualified with the M16 assault rifle, which bears a close resemblance to an AR-15, on a targeted shooting range. I have also fired an M2 50-caliber machine gun on training exercises at Shank, Afghanistan with a special forces unit while on deployment in 2014.

15. I am also the Chief of the Division of Trauma, Critical Care & Acute Care Surgery and Professor of Surgery at Oregon Health & Science University (“OHSU”) as well as the trauma medical director. OHSU has the only academic Level 1 trauma center in Oregon. It is internationally recognized in trauma research, named among the nation’s best programs by the American College of Surgeons. OHSU cares for approximately 4,000 trauma patients per year, approximately 8% of whom suffer penetrating injuries. 163 patients injured by gunshot wounds were treated at OHSU last year alone.

16. As a trauma surgeon at OHSU, I am personally involved in the care of trauma patients, including those who have suffered from gunshot wounds, throughout their in-hospital care and recovery. I am present at their arrival and accompany them to the intensive care unit or operating room as appropriate. I also care for trauma patients on the ward and in clinic, and in their late care as needed.

17. I received my Bachelor of Arts in Chemistry from the University of Chicago in 1984 and my Medical Degree from Case Western Reserve University in 1988. I completed a surgical internship at the Madigan Army Medical Center in Fort Lewis, Washington and a

surgical residency at the University of Washington in Seattle, Washington. I also completed fellowship in Trauma and Critical Care at the University of Washington. I am a Fellow in the American College of Surgeons and a Fellow of Critical Care Medicine.

18. In light of the fact that I have cared for hundreds of patients injured by handguns and assault weapons, I am very familiar with how wounds from these weapons differ and their relative lethality.

OPINIONS

I. The Lethality Of Assault Weapons.

19. During each of my three deployments, I was deployed as a surgeon with the United States Army. For deployment, the Army required me to qualify on a targeted shooting range and carry a 9mm Beretta essentially at all times for self-defense. While I received training on other weapons, such as an M16, my Army-issued weapon was a handgun because I was a surgeon and needed a weapon for self-defense. The deployed warfighter, by contrast, carried, at a minimum, an M4 assault weapon, with the capacity to kill numerous enemy combatants rapidly, because the warfighter's job, unlike the surgeon's, is to kill the enemy. The U.S. military's judgment that handguns, not assault rifles, are the right weapon for self-defense, while assault rifles, not handguns, are the right weapon for killing enemy combatants speaks volumes.

20. The lethality of a weapon is primarily determined by the kinetic energy imparted by the bullet, the rate at which the weapon fires projectiles (rate of fire), and its effective range (the distance at which the weapon can be fired accurately). Kinetic energy is determined by the following equation:¹

¹ Stefanopoulos PK, Mikros G, Pinialidis DE, et al. Wound Ballistics of Military Rifle Bullets: An Update on Controversial Issues and Associated Misconceptions. *Journal of Trauma and Acute Care Surgery*. 2019;87:696.

$$E = \frac{1}{2} mass \times velocity^2$$

21. The muzzle velocity of an AR-15 is approximately 3200 feet per second² compared to 1200 feet per second for a 9mm Beretta.³

22. The kinetic energy of an AR-15 is approximately 1303 foot pounds⁴ compared to 400 foot pounds for a 9mm Beretta.⁵

23. When a projectile fired from a firearm penetrates the human body, it creates a temporary and, eventually, permanent cavity. Holding all else equal, the larger the cavity, the more severe the injury.

24. The large kinetic energy and force produced from an AR-15-style weapon means that a round fired by such a weapon typically creates a relatively large temporary cavity in a human body, with devastating effects to tissue and surrounding organs.⁶

25. Rate of fire is also an important aspect of a firearm's lethality. A high rate of fire means that a shooter is able to deliver the large kinetic energy of a projectile shot by an AR-15 repeatedly, either to the same victim or to multiple victims, making it possible to increase the number of victims and lethality of injuries per event. Assault weapons can fire hundreds of

² "ArmaLite/Colt AR-15," Military Factory (May 22, 2018), https://www.militaryfactory.com/smallarms/detail.php?smallarms_id=383.

³ "M9 9mm Beretta Pistol," FAS Military Analysis Network (Jan. 20, 1999), <https://man.fas.org/dod-101/sys/land/m9.htm>.

⁴ Rhee PM, Moore EE, Joseph B, et al. Gunshot Wounds: A Review of Ballistics, Bullets, Weapons and Myths. *Journal of Trauma and Acute Care Surgery*. 2016;80:856.

⁵ *Id.* A foot pound is a unit of energy equal to the amount required to raise one pound a distance of one foot.

⁶ See Stefanopoulos PK et al., *supra*, n.1 at 692.

rounds per minute in automatic mode. Even in semi-automatic mode, however, the self-chambering feature of the weapon allows it to fire dozens of shots per minute. For example, unlike a bolt-action hunting rifle, which requires the shooter to pull the bolt back before firing each round, an assault weapon allows the shooter to fire each round without manually cycling the weapon. Thus, even a firearm with a larger caliber projectile can be less lethal than an assault weapon due to its lower rate of fire. When combined with a large-capacity magazine, an assault weapon can fire more rounds per minute than a handgun, shotgun, or hunting rifle.

26. Semi-automatic assault weapons can be fitted with bump stocks which allow them to be fired at a rate of 400 – 800 rounds per minute, significantly increasing their lethality. Bump stocks function by utilizing the recoil of the weapon to rapidly trigger the weapon without the user having to actively move their finger. The recoil of the weapon produces a back and forth motion triggering the weapon. While this modification does not convert a semi-automatic weapon to an automatic weapon, it significantly increases its lethality.

27. A higher rate of fire creates greater potential lethality, but bullets have to hit their target to be lethal. If firearm A sprays 30 bullets and one hits its target, and in the same time firearm B sprays 10 bullets and 5 hit, then firearm B is more lethal.

28. Assault weapons are also designed to maximize the accuracy and hence lethality of the individual shooter. Assault weapons tend to be lightweight and highly maneuverable. They are easily carried and can be rapidly and accurately sighted and fired at a target increasing their lethality. They also have low recoil, which allows people intent on inflicting mass casualties to move around easily before, during, and after shooting the weapon. In addition, due to their low recoil, assault weapons allow the shooter to continue firing without having to re-

sight (i.e., re-aim) the weapon at the target. Rather, the shooter is able to keep the assault weapon still and produce a consistently straight line of fire.

29. Assault weapons are highly accurate at great distances. The effective range of an AR-15 is approximately 400–500 yards compared to up to 50 yards for a typical handgun. I have personally witnessed a soldier instantly killed by an assault weapon fired from hundreds of yards away by a single bullet that penetrated his mouth and spinal cord.

30. Assault weapons' combination of high kinetic energy, the ability to fire rounds rapidly, deadly accuracy at great distance, a high degree of maneuverability, low recoil, and the instability of the projectile—coupled with enhancements to accuracy for an individual shooter—results in maximum killing potential.

31. This is exemplified by the 2017 Las Vegas shooting, during which a single individual was able to fire hundreds of rounds each minute for 11 minutes, killing 58 people and wounding over 800 from a 32nd floor suite at a local hotel firing into a crowd at an open-air concert at a distance of more than 1,000 feet.⁷ According to news reports, the weapons utilized were primarily assault weapons utilizing bump stocks allowing them to fire at a rate similar to automatic weapons.⁸ This was the most lethal mass shooting in U.S. history. Many of the doctors, including multiple military surgeons, described the injuries as “injuries you would see in a war zone.”⁹

⁷ Federal Emergency Management Agency. 1 October After-Action Report of August 24, 2018 events; Thomas L. Las Vegas Shooting: Answering 4 Common Questions. The Spectrum. October 5, 2017.

⁸ Alex Horton. *The Las Vegas Shooter Modified a Dozen Rifles to Shoot Like Automatic Weapons*, The Washington Post (Oct. 3, 2017), <https://www.washingtonpost.com/news/checkpoint/wp/2017/10/02/video-from-las-vegas-suggests-automatic-gunfire-heres-what-makes-machine-guns-different/>.

⁹ Tim Craig, *‘Something we would see in a war zone’: Military surgeons on the wounds they*

32. While Las Vegas was especially lethal, there are numerous other mass shootings that have had devastating effects on communities in mere seconds without the use of bump stocks. For example, in Highland Park, Illinois, a single mass shooter armed with a Smith & Wesson M&P15, climbed on a roof and killed seven people and injured another 48 with 83 shots fired in only a very short period of time.¹⁰ Doctors who were on the scene to enjoy the parade with their families, ran toward the victims, encountering a scene that looked like a “war zone.” For example, according to press reports and interviews, a local doctor, who provided assistance to some of the victims, commented that he saw those killed with “horrific injuries,” the kind that “happen when bullets can blow bodies up.”¹¹ He also saw a horrific traumatic head injury, performed CPR on a young child who was severely injured, and described the injuries he encountered as those that one would see in war.¹² Doctors, including a trauma surgeon, and nurses at the Highland Park Hospital, where victims arrived in the emergency room after the

treated in Las Vegas, The Washington Post (Oct. 5, 2017), <https://www.washingtonpost.com/news/post-nation/wp/2017/10/05/something-we-would-see-in-a-war-zone-military-surgeons-on-the-wounds-they-treated-in-las-vegas/>.

¹⁰ Dakin Andone, Steve Almasy, & Curt Devine, *What we know about the Highland Park shooting suspect*, CNN (July 7, 2022), <https://www.cnn.com/2022/07/05/us/robert-e-crimo-highland-park-suspect/index.html>; see also *The Highland Park shooting suspect is indicted on 117 charges*, NPR (July 28, 2022) <https://www.npr.org/2022/07/28/1114207587/the-highland-park-shooting-suspect-is-indicted-on-117-charges>.

¹¹ Phil Rogers, ‘Bodies were down’: Witness breaks down scene of mass shooting at Illinois Fourth of July parade, NBC News (July 4, 2022) <https://www.nbcnews.com/video/illinois-doctor-recalls-moments-he-saw-bodies-down-at-fourth-of-july-parade-shooting-143393349888>; see also Jason Hanna, ‘Those are wartime injuries’: Doctor describes the horrific scene at the Highland Park shooting, CNN (July 5, 2022), <https://www.cnn.com/2022/07/05/us/illinois-highland-park-shooting-doctor/index.html>.

¹² *Id.*; see also Brett Chase, *At Highland Park Parade Mass Shooting, Doctors Went From Watching to Treating the Wounded*, Chicago Sun Times (July 8, 2022), <https://chicago.suntimes.com/2022/7/8/23196922/highland-park-parade-mass-shooting-fourth-july-doctors-loren-schechter-dave-baum>.

shooting, likewise described the wounds they saw on the patients they treated as “war wounds” and “devastating.”¹³

33. The descriptions of the injuries observed during the Las Vegas and Highland Park shootings are consistent with my own experience treating wounds caused by assault weapons.

34. The differences in wounding capacity between low velocity and high velocity weapons or assault rifles observed by myself and other medical personnel are corroborated by studies of wounding capability utilizing gelatin.¹⁴ Ballistic gelatin allows the scientific study of the behavior of bullets after they strike their target. The consistency of the gelatin is similar to muscle tissue. High velocity weapons create larger cavities, simulating greater injuring capacity. The stability of the bullet, yaw and rapidity of deceleration and thus energy delivery can all be studied accurately.

II. Treating Wounds From Assault Weapons.

35. As a trauma surgeon in both the civilian and military context, I have personally treated hundreds of patients suffering from handgun wounds and assault weapon wounds.¹⁵

¹³ Czink & Bair, ‘They Just Kept Coming’: Highland Park Medical Staff Recalls Parade Shooting, WGN TV (July 12, 2022), <https://wgntv.com/news/highland-park-parade-shooting/they-just-kept-coming-highland-park-medical-staff-recalls-parade-shooting/>; see also Lisa Schencker, *Highland Park Hospital Doesn’t See Many Victims of Gun Violence. Then July Fourth Happened. Here’s How the Day Unfolded*, Chicago Tribune (Aug. 14, 2022), <https://www.chicagotribune.com/business/ct-biz-highland-park-hospital-july-4-shooting-20220814-3pcihoiv3zcp7itrd2riy6g6wq-story.html>.

¹⁴ See, e.g., Stefanopoulos, et al.

¹⁵ I was asked to comment on treatment of wounds from .50 caliber cartridges. I have little to say about this topic, quite simply because victims hit by .50 caliber cartridges generally die before they make it to a treatment facility due to the enormous damage caused by a single shot.

36. The assault weapon wounds that I have seen in a civilian context are identical in nature to the wounds that I saw in combat. In combat, I have seen patients with wounds from bullets shot from M16 rifles (typically enemy combatants shot with U.S. military rifles). These wounds were made by 5.56 NATO cartridges. In the United States, I have also seen civilian patients with wounds from bullets shot from AR-15s. Their wounds were identical to the wounds made by the M16s. Moreover, these wounds differ substantially from those caused by other civilian firearms, notably handguns, both in severity and complexity of injuries and complication rates.

37. In my experience, assault weapon blasts to the head, neck, or trunk are usually lethal, especially in the absence of personal protective equipment like a Kevlar helmet and body armor.

38. Assault weapon blasts to the abdomen tend to cause greater damage to the muscles, bones, soft tissue, and vital organs than handguns. Inside a human body, one assault weapon round can destroy organs in a way that looks like an explosion has happened. Bones may also be shattered and soft tissue shredded. For example, during my time in Afghanistan I treated civilians that were injured when terrorists fired assault weapons at them while waiting in line to vote. One civilian had their entire upper left quadrant exploded with a single bullet, destroying the pancreas, spleen, and kidney and necessitating partial removal of the pancreas, and the entire spleen and kidney.

39. Not only do patients with assault weapon injuries frequently have multiple organs injured, they also often have major blood vessels or arteries severely damaged. They frequently require massive blood transfusions due to tremendous blood loss, and they often require a series of operations instead of just one. This is not true with handguns. In my experience, when patients

do survive, they typically require prolonged hospitalizations and follow-up, face higher complication rates, and suffer much greater disability, which frequently persists for the rest of their shortened lives.

40. Assault weapon blasts to the extremities frequently result in amputations.

41. Due to lower kinetic energy, handgun injuries produce much less harm to the human body and are generally survivable unless the bullet penetrates a critical organ or major blood vessel. Most lethal injuries from handguns occur from very short distances and, in the civilian setting, are suicidal in nature.

42. Additionally, a handgun wound is much more likely to affect only one organ as compared to multiple organs, unlike with wounds caused by assault weapons.

43. In my experience, many patients with handgun injuries have minor injuries that do not require any surgery, and they are discharged from the emergency department. Patients with handgun injuries who require operative therapy have a very high survival rate.

44. Assault weapons are designed for the purpose of maximum killing in wartime settings. They are deadly accurate weapons with enormous destructive capacity. The mass casualties produced by assault weapons frequently exceed the capacity of civilian trauma systems and trauma surgeons to treat and have a very high mortality rate.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on May 30, 2024 at Lake Oswego, Oregon.



/s/ MD FACS FCCM

EXHIBIT A

**CURRICULUM VITAE
MARTIN A. SCHREIBER, MD FACS FCCM
UPDATED 05/20/2024**

Personal Information

Home Address:	11 Garibaldi Street Lake Oswego, OR 97035
Business Phone:	(503) 494-7883
Business Fax:	(503) 494-6519
Business Address:	Trauma, Critical Care and Acute Care Surgery Division Oregon Health & Science University 3181 SW Sam Jackson Park Road Mail Code L611 Portland, OR 97239
Birthdate:	4/24/62
Birthplace:	Cleveland, OH

EDUCATION

University of Chicago - Chicago, Illinois 1980-1984
Bachelor of Arts - Chemistry

Case Western Reserve University - Cleveland, OH 1984-1988
Medical Degree

RESIDENCY TRAINING

Surgical Internship - Madigan Army Medical Center Fort Lewis, WA 1988-1989
Surgical Residency - University of Washington Seattle, WA 1989 - 1993
Chief Residency - University of Washington Seattle, WA 1993 - 1994

FELLOWSHIPS

Trauma and Critical Care - University of Washington Seattle, WA 1994- 1995

BOARD CERTIFICATION

Federal Licensure Examination - 1989
Qualifying Examination of the American Board of Surgery - 10/94
Certifying Examination of the American Board of Surgery - 6/95
Examination for Certification of Added Qualifications in Surgical Critical Care -
10/96

APPOINTMENTS

Acting Instructor - Dept of Surgery, University of Washington, 7/94-6/95
Assistant Professor of Surgery - Texas Tech University Health Science Center, 3/96-10/99
Clinical Assistant Professor of Surgery - Uniformed Services University of the Health Sciences, 2/96-Present
Assistant Professor of Surgery – Baylor College of Medicine, 10/99-11/01
Professor of Surgery – Oregon Health & Science University, 7/08-Present
Major United States Army Reserve 2004 – 2007
Lieutenant Colonel United States Army Reserve 2007- 2012
Colonel United States Army Reserve 2012 – Present
Professor Physiology and Pharmacology – Oregon Health & Science University, 2014 – Present
Senior Scientist in the OHSU Center for Regenerative Medicine under the Senior Vice President for Research, 2014 – Present
Adjunct Professor of Surgery, Uniformed Services of the Health Sciences, 2021 - Present

LICENSURE

To Practice Medicine in the State of Oregon – MD23540

MILITARY TRAINING

Army Officer Basic Course - Silas B. Hays Army Hospital Fort Ord, California 1985
US ARMY Airborne Course - Fort Benning, GA 1986
ATLS - Fort Sam Houston, TX 1989
ATLS Instructor - Fort Carson, CO 1996
ATLS Director - Fort Sam Houston, TX 1997
ATLS State Faculty – WBAMC 1999
Armed Forces Combat Casualty Care Course - Fort Sam Houston, TX 1989
Instructor Bushmaster Course - Camp Bullis, TX 1996
Combat Trauma Surgical Team - Ben Taub General Hospital September 1998
Commander Combat Trauma Surgical Team – Ben Taub General Hospital February 1999
Director Army Military Civilian Trauma Team Training Program (AMCT3)– Oregon Health & Science University 2018 - Present

PROFESSIONAL SOCIETY MEMBERSHIPS

Alpha Omega Alpha Honor Society
American College of Surgeons - Fellow
Washington State Chapter of the American College of Surgeons 1994-1995
The Henry N. Harkins Surgical Society
Associate Member of the American College of Surgeons Washington

Committee on Trauma 1994-1995
Member of Harborview Medical Center Trauma Council 1994-1995
Eastern Association for the Surgery of Trauma
American Association for the Surgery of Trauma
American Trauma Society
Association for Academic Surgery – Active Member
Society of Critical Care Medicine
The Shock Society
Oregon State Chapter of the American College of Surgeons
President – Oregon Chapter of the Society of Critical Care Medicine 2003 – 2004
Western Trauma Association
Society of University Surgeons
Secretary - Treasurer Portland Surgical Society 2004 - 2008
Pacific Coast Surgical Association
North Pacific Surgical Association
President - Portland Surgical Society 2008 – 2009
Society of Clinical Surgeons
American Surgical Association
Western Surgical Association
International Surgical Society
International Association for Trauma Surgery and Critical Care

COMMITTEE MEMBERSHIPS

Special Care Line Action Team - William Beaumont Army Medical Center 1995-1999
Chief, Trauma Committee – William Beaumont Army Medical Center 1997-1999
Human Use Subcommittee - William Beaumont Army Medical Center 1995-1999
Institutional Animal Care and Use Committee – William Beaumont Army Medical Center 1995-1999
Breast Cancer Prevention and Detection Action Team, Military Region VII 1995-1996
Trauma Research Program - William Beaumont Army Medical Center 1996-1999
Far West Texas and Southern New Mexico Regional Area Council on Trauma 1996-1999
Chairman Hospital Audit Committee of the Far West Texas and Southern New Mexico Regional Area Council on Trauma 1997-1999
Executive Board of the Far West Texas and Southern New Mexico Regional Area Council on Trauma 1997-1999
Research Committee - R. E. Thomason General Hospital 1997-1999
Military Combat Trauma Surgical Committee 1997-1999
Publication Committee for Gary P. Wratten Surgical Symposium 1999

Chairman, Trauma Morbidity and Mortality Committee Ben Taub General Hospital 1999 – 2001
Trauma Executive Committee Ben Taub General Hospital 1999 – 2001
Pharmacy and Therapeutic Committee Harris County Hospital District 1999 – 2001
Southeast Texas Regional Advisory Committee 1999 – 2001
Process Improvement Subcommittee of the Southeast Texas Trauma Regional Advisory Committee 1999 – 2001
Chairman of the Grants Committee of the Southeast Texas Trauma Regional Advisory Committee 2000 – 2001
Trauma Center Grant Steering Committee – Baylor College of Medicine 2000 – 2001
Baylor College of Medicine’s Graduate Medical Education Committee 2000 – 2001
American College of Surgeons South Texas Committee on Trauma 2001
Member of the Policy on House Staff Review Subcommittee of the Baylor College of Graduate Medical Education Committee 2001
Residency Internal Review Subcommittee of the Baylor College of Medicine’s Graduate Medical Education Committee 2001
Eastern Association for the Surgery of Trauma Practice Guideline Committee on Endpoints of Resuscitation 2001 – 2003
Trauma Committee – Oregon Health & Science University 2002 – Present
Trauma Peer Review Subcommittee - Oregon Health & Science University 2002 – Present
Department of Surgery Peer Review Committee – Oregon Health & Science University 2002 - Present
Eastern Association for the Surgery of Trauma Practice Guideline Committee on Hypothermia 2002 – 2004
Oregon Committee on Trauma 2002 – Present
Restraint and Seclusion Committee – Oregon Health & Science University 2002 – 2004
ICU Executive Management Committee – Oregon Health & Science University 2002 – 2014
Radiology Task Force Committee – Oregon Health & Science University 2003
Faculty Senate – Oregon Health & Science University 2003 - 2006
Data Safety Monitoring Board - Dr. Eileen Bulger, The Effect of Hypertonic Resuscitation for Blunt Trauma. IND Number: 10292 2003 - 2005
Area Trauma Advisory Board One in Oregon 2003 - 2005
Oregon State Trauma Advisory Board 2004 – Present
Research Committee – Oregon Health & Science University 2004 – Present
Sedation Oversight Committee - Oregon Health & Science University 2005 – 2007
Eastern Association for the Surgery of Trauma Publications Committee 2005 – 2007
Publications Committee - Western Trauma Association 2005 - 2007

Steering Committee for the U.S. Army Institute of Surgical Research Clinical Trials Program, U.S. Army Medical Research and Materiel Command, Fort Detrick, Maryland 2005 - Present
Eastern Association for the Surgery of Trauma Taskforce on Research Related Issues 2006 –2010
State Chair for the Oregon Committee on Trauma 2006 – 2012
American College of Surgeons Committee on Trauma 2006 – 2018
Transfusion Committee – Oregon Health & Science University 2006 – 2008
American College of Surgeons Subcommittee on ATLS 2006 – Present
Clinical Resource Management Committee – Oregon Health & Science University 2010 - Present
American College of Surgeons Ad Hoc Committee on Trauma System Evaluation and Planning 2006 – Present
8CSI Best Practice Committee – Oregon Health & Science University 2006 – 2009
Oregon State Trauma Advisory Board Legislative Subcommittee 2006 - Present
Trauma Audit Group, Area Trauma Advisory Board 1 2006 – Present
Dean's Pathology Advisory Group – Oregon Health & Science University 2007
Eastern Association for the Surgery of Trauma Military Committee 2007 – Present
Chairman of the Eastern Association for the Surgery of Trauma Task Force on Research Related Issues 2008 – 2011
American Association for the Surgery of Trauma Acute Care Surgery Committee 2009 – Present
Western Trauma Association Program Committee 2009 – 2010
OHSU Department of Surgery Promotion and Tenure Committee 2009 – Present
Department of Surgery Quality Executive Committee 2008 – Present
Eastern Association of Trauma Practice Management Guidelines Committee 2010 – 2011
Promotion and Tenure Committee, Department of Surgery – Oregon Health & Science University 2010 – Present
Clinical Resource Management Committee – Oregon Health & Science University 2010 - Present
Eastern Association for the Surgery of Trauma – Nominations Committee 2011
Chairman of the ICU Management Committee – Oregon Health & Science University 2011 – 2013
American Association for the Surgery of Trauma Ad Hoc Educational Development/MOC Committee 2011 – 2013
Chief, Region X Committee on Trauma 2012 – Present
Western Trauma Association Board of Directors 2013 - 2016
Trauma Center Association of America Board of Directors 2013 – Present
Oregon District #1 Committee on Applicants of the American College of Surgeons 2014 – Present
Board of Governors of the American College of Surgeons 2014 – 2020
Shock Society – Publications Committee, 2015 – Present

Patient Blood Management Standards Committee, American Association of Blood Banks, 2016 – 2019
Committee on Surgical Combat Casualty Care, 2016 – Present
Vice-Chair Grassroots Advocacy Engagement Workgroup, American College of Surgeons, Board of Governors, 2016 – 2017
Chair Grassroots Advocacy Engagement Workgroup, American College of Surgeons, Board of Governors, 2017 – 2019
Chairman Military-Civilian Subcommittee, Trauma Center Association of America, 2017 – 2019
Chairman Advocacy Committee, Board of Governors, American College of Surgeons, 2019 - 2020
Member Blood Product Advisory Council, FDA, 2018 – 2023
Member Tactical Combat Casualty Care Subject Matter Expert Panel, 2018 – Present
Chairman, Research Committee, Committee on Surgical Combat Casualty Care 2019 - Present
Chairman Trauma Center Association of America, 2020 – 2022
Chairman Donald D. Trunkey Center for Civilian and Combat Casualty Care Executive Committee, 2020 – Present
Committee on Accelerating Progress in TBI Research and Care, National Academy of Science, Engineering and Medicine, 2020 – 2021
Clotting Anticoagulation Transfusion Committee, OHSU, 2022 – Current
Program Committee, Western Trauma Association, 2022 - Current
American Association of Blood Banks Out of Hospital and Prehospital Standards Committee, 2023 - Current

POSITIONS HELD

Chief, Dept of Surgery, Joint Task Force – Bravo Honduras, C.A. 1997
Chief of Surgery 31st Combat Support Hospital 1998 - 1999
General Surgery Staff- William Beaumont Army Medical Center, Medical Director of the Surgical Intensive Care Unit and Chief of Trauma William Beaumont Army Medical Center 1995-1999
General Surgery Staff – Ben Taub General Hospital 1999 - 2001
Trauma Medical Director, Ben Taub General Hospital 1999 – 2001
General Surgery Staff – Oregon Health & Science University 2002 - 2003
Director of Surgical Critical Care, Oregon Health & Science University 2002 – 2007
Program Director of the Surgical Critical Care Fellowship, Oregon Health & Science University 2003 - 2010
Surgeon - International Medical Surgical Team West 2004 - Present
Chief of Trauma, 228th Combat Support Hospital – Tikrit, Iraq 2005
Chief of Trauma and Surgical Critical Care, Oregon Health & Science University 2007 – 2009

Chief and Founder Division of Trauma, Critical Care and Acute Care Surgery,
Oregon Health & Science University 2009 – Present
Director of Adult ICUs, Oregon Health & Science University 2010 – 2014
Director of the Joint Theater Trauma System, United States Central Command in
Iraq and Afghanistan stationed in Bagram, Afghansitan 2010
Surgeon, 932nd Forward Surgical Team, Shank, Afghanistan 2014
Director Donald D. Trunkey Center for Civilian and Combat Casualty Care 2020
– Present
Chair, Division Chief search for Transplant Surgery at OHSU 2022
International Faculty for the Definitive Surgical Trauma Care Course 2023 -
Present
National Director of the Definitive Surgical Trauma Care Course 2023 - Present

HONORS AND AWARDS

High School - National Honor Society
Undergraduate - Dean's List 1980 - 1984
Graduated from University of Chicago With Honors 1984
Effects of IL - 2 and IFN on Hepatic Metastases - American Cancer Society
Student Fellowship 1988
Lubrizol Award for Excellence in Patient Care - Case Western 1988
Henry N. Harkins Award for Excellence in Preparation of the Annual Residents'
Paper - Washington State Chapter of the ACS 1989
Bulldog Award - Children's Hospital 1992
Joint Service Commendation Award - Honduras 1997
Army Achievement Medal - For being WBAMC's Project Officer for the Ben
Taub Combat Trauma Surgical Training Program 1999
Army Achievement Medal - Quality Improvement Award 1999
Army Achievement Medal - For Patient Care 1999
Meritorious Service Medal – For Establishing a Verified and Designated Level 2
Trauma Center at William Beaumont Army Medical Center 1999
National Leadership Award – Honorary Co-Chairman of The Physician's
Advisory Board 2001
Army Commendation Medal – For Service as Chief of Trauma of the 228th CSH
Tikrit, Iraq 2005
Iraqi Campaign Medal – For Service in Operation Iraqi Freedom 2005
Army Reserve Medal with M device – For 10 years of service in the Army
Reserves with Mobilization to Iraq 2005
American Association for the Surgery of Trauma Honorary Medal for Combat
Surgical Care 2005
Meritorious Unit Commendation Award – For Meritorious Service of the 228th
Combat Support Hospital During Operation Iraqi Freedom III 2006
Oregon Health & Science University Faculty Senate Certificate of Appreciation,
In recognition of vision, leadership and support of the faculty 2006
Veterans of Oregon Honorable Service Medal 2006

Distinguished Faculty Award – Oregon Health & Science University Dept of Surgery 2007
World Journal of Surgery Best Paper of 2007 – Coagulopathy: Its Pathophysiology and Treatment in the Injured Patient
Portland Monthly Magazine Top Doctors 2010, 2012, 2013
Non-Article 5 NATO Medal for Service with NATO in Relation to International Security Afghanistan Forces August 2010
Afghanistan Campaign Medal in Recognition of Service in the Country of Afghanistan in Direct Support of Operation Enduring Freedom August 2010
Global War on Terrorism Service Medal-For support of the Global War on Terrorism August 2010
Joint Service Commendation Medal-For Meritorious Service Rendered During Operation Enduring Freedom August 2010
Certificate of Achievement-Task Force 62 Medical-For Outstanding Performance while Serving as Director, Joint Theater Trauma System, United States Central Command in Iraq and Afghanistan August 2010
The “A” Proficiency Designator in recognition of outstanding qualification in the field of General Surgery and continued demonstration of exceptional professional ability June 2011
Marquam Hill Faculty Teaching Award – Oregon Health & Science University, Department of Surgery 2011
Professional Staff Chair’s Award for Outstanding Contributions to Development of Interdisciplinary Teams – Oregon Health & Science University 2011
Inducted into The Order of Military Medical Merit for Distinguished Military Service September 2012
Army Achievement Medal for meritorious service while serving as a Burn Surgeon at the US Army Institute of Surgical Research 2013
Army Commendation Medal for exceptionally meritorious service as a General Surgeon while deployed in support of Operation Enduring Freedom June 2014
Afghanistan Campaign Medal in Recognition of Service in the Country of Afghanistan in Direct Support of Operation Enduring Freedom June 2014
Technology Transfer & Business Development Award for Oregon Procedure Quality Reporting System (OPQRS) and Healthcare Team Learning Management Platform October 2015
Asmund S. Laerdal Memorial Lecture Award for Extensive Involvement in Resuscitation Research and Publishing. Society of Critical Care Medicine February 2016
Journal of Trauma – Outstanding Reviewer Award, 2016
Marquam Hill Distinguished Service Award – Oregon Health & Science University Dept of Surgery 2017
2018 Lifetime Achievement Award in Trauma Resuscitation Science – American Heart Association
Meritorious Service Medal for Creating the Army Military Civilian Trauma Training Team at OHSU 2019
OHSU Continuing Professional Development Clinical Star Award 2018 – 2019, Awarded 2020

Robert Danis Prize – Given to the **surgeon**, author of the most important and personal work in connection with surgical treatment of fractures (orthopedic treatment excluded) and in connection with techniques, clinics or experimentation of fracture treatment and with the pathophysiology of trauma in general. 2022
John. P. Pryor, MD FACS Distinguished Service Award in Military Casualty Care. 2023
Henry Harkins Distinguished Alumnus Award – University of Washington 2023

EDITORIAL BOARD MEMBERSHIPS

Journal of Trauma and Acute Care Surgery
Shock
Current Trauma Reports – 2017 – 2019
PLOS Medicine

AD HOC REVIEWER FOR JOURNALS

Critical Care Medicine
Pediatric Blood and Cancer
World Journal of Surgery
Anesthesiology
Journal of the American College of Surgeons
Journal of Thrombosis and Hemostasis
New England Journal of Medicine
Resuscitation
Critical Care
Annals of Surgery
American Journal of Surgery
Transfusion
Injury
Plos One
JAMA Network Open

INSTRUCTOR COURSES

Advanced Trauma Life Support – National Faculty
Definitive Surgical Trauma Care Course – Course Director
Definitive Surgical Trauma Care Course – International Faculty
Stop the Bleed
Fundamental Critical Care Support

REVIEWER FOR GRANTS

American Institute of Biological Sciences
NIH Surgery, Anesthesia, Trauma Review Section, Special Member

ZRG1 ETTN-U 82 S, Special Topics: USU Intramural High Priority Research Awards, National Institutes of Health, Bethesda, MD

MEMBER DATA SAFETY MONITORING BOARD

The Effect of Hypertonic Resuscitation for Blunt Trauma, Primary Investigator - Dr. Eileen Bulger, IND Number: 10292.

Chair DSMB, Control of Major Bleeding after Trauma (COMBAT) Study: A Prospective Randomized Comparison of Fresh Frozen Plasma Versus Standard Crystalloid Intravenous Fluid for Initial Resuscitation. Primary Investigator – Dr. Eugene Moore.

ONGOING RESEARCH SUPPORT

US Army Medical Research Acquisition Activity W81XWH-14-2-0003 Gregory (PI)
Armed Forces Institute for Regenerative Medicine (AFIRM) II Program
The goal of this study is determine the efficacy of infused bone marrow derived stem cells on regeneration of muscle tissue in patients with compartment syndrome.
Role on Project: Co-investigator (2014 – 2023)

BA150560 US Army Medical Research Acquisition Activity
Mesenchymal Stem Cells for the Prevention of Acute Respiratory Distress Syndrome after Pulmonary Contusion and Hemorrhagic Shock.
The goal of this research is to determine if mesenchymal stem cells infused intravenously can prevent ARDS in a model of hemorrhagic shock and unilateral pulmonary contusion.
Role on Project: Principal Investigator (2016 – 2023)

DM160342 US Army Medical Research Acquisition Activity
Prothrombin Complex Concentrate for Prolonged Field Care of War Casualties
The purpose of this research is to determine of prothrombin complex concentrate can prevent ARDS in a swine model of hemorrhagic shock and pulmonary contusion.
Role on Project: Principal Investigator (2017 – 2024)

W81XWH-16-R-0033 Department of Defense, Joint Program Committee-6 Combat Casualty Care.
Linking Investigations in Trauma and Emergency Services (LITES)
The purpose of this research is to create a network of trauma centers to execute trauma research of interest to the Department of Defense.
Role on Project: Co-Principal Investigator (2016 – 2023)

RFA-NS-16-016 NIH

Network for Emergency Care Clinical trials: Strategies to Innovate Emergency Care Clinical Trials Network (SIREN) – Network Clinical Center (HUB) (U24)

This is a network of major medical centers designed to execute NIH funded trials in the areas of emergency medicine and trauma.

Role on Project: Trauma Principal Investigator (2017 – 2023)

W81XWH-17-1631 US Army Medical Research and Materiel Command

Mesenchymal Stem Cells for Treatment of ARDS Following Trauma

This is a multicenter randomized trials comparing mesenchymal stem cells to placebo for the treatment of ARDS in critical care patients.

Role on Project: Site Principal Investigator (2017 – 2020)

CSL Behring

Prothrombin Complex for the Treatment of Prehospital Traumatic Hemorrhagic Shock

This is an investigator initiated multicenter trial comparing prothrombin complex concentrate to placebo for the prehospital care of patients with traumatic hemorrhagic shock. Role on Project: Principal Investigator (2017 – 2021)

COMPLETED RESEARCH SUPPORT

US Army Medical Research and Materiel Command DAMD17-01-1-0693
1999-2001

The Effect of Recombinant Factor VIIa and Fibrinogen on Bleeding from Grade V Liver Injuries in Coagulopathic Swine

This study is designed to evaluate the efficacy of Factor VIIa in swine models of hemorrhagic shock.

Role on Project: Principal Investigator (1999 – 2001)

5 M01 RR00334 (GCRC-772)

Coagulation Parameters after Splenectomy in Trauma Patients

This study is designed to determine the effects of splenectomy on coagulation parameters both early after injury and at 6 weeks.

Role on Project: Principal Investigator (2005 – 2008)

Office of Naval Research

The Characterization of a Novel Fibrinogen Hemostatic Agent in Animal Models

This study is designed to test the efficacy of a novel fibrinogen agent in stopping bleeding from a rat liver injury.

Role on Project: Co-Investigator (2006 – 2008)

Entek Manufacturing, Inc.

The Efficacy of a Novel Hemostatic Bandage for Control of Hemorrhage from a Severe Grade V Liver Injury in Swine.

The purpose of this study is to test the efficacy of a new highly porous, silica based dressing in stopping bleeding from a Grade V Liver Injury in Swine

Role on Project: Primary Investigator (2006 – 2008)

SAM Medical

2009

A Comparison of Hemostatic Dressings in a Severe Groin Injury Model in Swine

The purpose of the proposed study is to perform a randomized controlled trial comparing Combat Gauze to Celox-Gauze to Celox-D to standard gauze for hemorrhage control of a severe groin injury created in Yorkshire crossbred swine

Role on Project: Principal Investigator (2009)

U. S. Army Medical Research and Materiel Command W81XWH-04-1-0104

The Effect of Hypotensive Resuscitation and Fluid Type on Mortality, Bleeding, Coagulation and Dysfunctional Inflammation in a Swine Grade V Liver Injury Model

The purpose of this study is to determine the optimal resuscitation strategy in terms of resuscitation endpoints and fluids in an uncontrolled hemorrhage model in swine.

Role on Project: Principal Investigator (2003 – 2011)

5 M01 RR00334 (GCRC-946)

Can TEG be used in place of anti-factor Xa levels to assess enoxaparin levels in patients with co-morbidities?

This project is designed to determine if thrombelastograms can be used to determine the effect of lovenox in a diverse patient population to include patients with renal failure and obesity

Role on Project: Principal Investigator (2005 – 2011)

U.S. Army Medical Research Acquisition Act W81XWH-08-C-0712 (subcontract)

Prospective Observational Multicenter Massive Transfusion Study (PROMMTT)

The purpose of this study is to observe and document clinical practice for major trauma patients admitted to the ED who are at risk of massive transfusion.

Role of project: Site Principal Investigator, Chairman of the Publication Committee (2009 – 2012)

US Air Force Material Command/AFMC FA8650-09-2-6047

Efficacy and Safety of Frozen Blood for Transfusion in Trauma Patients

The purpose of this study is to evaluate tissue oxygenation, nitric oxide, and morbidity and mortality with use of cryopreserved blood compared to standard blood.

Role of project: Principal Investigator (2009 – 2012)

Medical Research Foundation of Oregon

Thrombelastography-Based Dosing of Enoxaparin for Thromboprophylaxis: A Prospective Randomized Trial

This project is designed to determine if thrombelastograms can be used to determine the effect of lovenox in a diverse patient population to include patients with renal failure and obesity.

Role on project: Co-Investigator (2005 – 2012)

US Air Force Material Command/AFMC FA8650-10-2-6143

Efficacy and Safety of Frozen Blood for Transfusion in Trauma Patients – A Multi-Center Trial

The purpose of this study is to evaluate tissue oxygenation, nitric oxide, and morbidity and mortality with use of cryopreserved blood compared to standard blood at 6 clinical sites.

Role of project: Principal Investigator (2010 – 2014)

CORA/MED

Trauma Equivalency Study of the CORA® and TEG® 5000 Systems

The purpose of this study is to compare the novel CORA (Coagulation Resonance Analyzer) system with the standard commercially available TEG 5000 system in trauma patients with a broad variety of coagulopathies.

Role on Project: Primary Investigator (2015)

Thrombelastography (TEG) Based Dosing of Enoxaparin for Thromboprophylaxis: A Prospective Randomized Trial This is a multicenter prospective randomized trial designed to determine if TEG based dosing of enoxaparin is superior to standard dosing with respect to a reduction of thromboembolic complications without an increase in bleeding complications. Role on Project: Principal Investigator (2011-2015)

U01 HL077863-06S2 National Institute of Health Lung and Blood Institute (NIHLBI) Holcomb (PI)

Prospective, Randomized Optimal Platelet and Plasma Ratios (PROPPR)

This is a multi-center project being performed in a prospective randomized format comparing the efficacy and safety of plasma, platelets and packed red blood cells given in a 1:1:1 ratio versus a 1:1:2 ratio.

Role on Project: Primary Investigator, OHSU (2011 – 2016)

1549586 National Science Foundation (NSF)

Tissue Factor-Impregnated Dressing for Hemorrhage Control

The goal of this research is to determine if the utilization of tissue factor as a procoagulant on gauze is superior to dressings currently in use for hemorrhage control.

Role on Project: Principal Investigator (2016)

HL-04-001, National Heart, Lung and Blood Institute (NHLBI) Daya (PI)

Portland Emergency Prehospital Investigative Consortium (EPIC)

This is a multicenter trial designed to conduct a series of studies related to the initial management of trauma and cardiac arrest patients.

Role on Project: Trauma Primary Investigator (2004 – 2018)

U10 National Institutes of Neurological Disorders and Stroke (NINDS) Barsan (PI)

Brain Research/Acute Interventions: Neurological Emergencies Treatment Trial

This is a multicenter project designed to perform pivotal trials evaluating therapeutics with the potential to improve outcomes after neurological emergencies.

Role on project: Co-Investigator (2009 – 2018)

US Army Medical Research Acquisition Activity ERMS #1333504

Prehospital Tranexamic acid Use for Traumatic Brain Injury

This is a multi-center project designed to determine the efficacy of tranexamic acid in improving outcomes after traumatic brain injury.

Role on Project: Clinical Principle Investigator (2013 – 2018)

HHSN263210300003C National Institutes of Health (NIH)

Predictors of Post-Traumatic Stress Disorder

This is a multi-center study that is designed to identify patients who are at risk for developing PTSD. This study includes an epigenetic component seeking to find biochemical markers predictive of the development of PTSD.

Role on Project: Primary Investigator (2013 – 2018)

U01 HL077863 National Heart Lung and Blood Institute (NHLBI) May (PI)

Prehospital Resuscitation on Helicopter Study

This is a prospective, observational, multi-center trial designed to determine the benefits of delivering blood products in the pre-hospital setting during air transport. Air ambulances that carry blood products will be compared to those that do not.

Role on Project: Primary Investigator, OHSU (2014 – 2018)

Grifols Investigator Sponsored research

Is Anti-Thrombin III Deficiency Associated with Deep Vein Thrombosis in Surgical and Trauma Patients?

This is a prospective observational study designed to determine if anti-thrombin III is associated with deep vein thrombosis in trauma patients.

Role on Project: Primary Investigator (2015 – 2018)

Trauma/Critical Care Fellows Trained

1. Samuel Rob Todd, MD 2002 - 2003
2. Danetta Sue Slone, MD 2002 - 2003
3. Jennifer Watters, MD 2004 - 2005
4. Miko Enomoto, MD 2004 – 2005
5. Bruce Ham, MD 2005 – 2006
6. Nicole Vanderhayden, MD PhD 2005 – 2006
7. Susan Rowell, MD 2006 – 2007
8. Laszlo Kiraly, MD 2006 – 2007
9. Arvin Gee, MD 2007 – 2008
10. David Shapiro, MD 2007 – 2008
11. Richard Nahouraii, MD 2008-2009
12. Stephanie Gordy, MD 2008-2009
13. Carrie Allison, MD 2008-2009
14. Michael Englehart, MD 2009-2010
15. Dan Anderson, MD 2009-2010
16. Mary Claire Sarff, MD 2009-2010

Laboratory Residents Mentored

1. Jennifer Watters, MD 2003 - 2004
2. Rebecca Sawai, MD 2004 - 2005
3. Tracy Wiesberg, MD 2004 – 2005
4. Laszlo Kiraly, MD 2005 – 2006
5. Brandon Tieu, MD 2005 – 2007
6. Michael Englehart, MD 2005 – 2007
7. Arvin Gee, MD 2006 – 2007
8. Melanie Morris, MD 2006 – 2007
9. David Cho, MD 2006 – 2008
10. Carrie Hink, MD 2007 – 2008
11. Karen Zink, MD 2007 – 2008
12. Chitra Sambasivan, MD 2008 – 2009
13. Nicholas Spoerke, MD 2008 – 2009
14. Philbert Van, MD 2008 – 2010
15. Modjgan Keyghobadi, MD 2009 – 2010
16. Gordon Riha, MD 2010 – 2011
17. Nicholas Kunio, MD 2010 – 2011
18. Tim Lee, MD 2011 – 2013
19. Jeffrey Barton, MD 2011 – 2012
20. Loic Fabricant, MD 2011 – 2012
21. David Hampton, MD 2012 – 2013
22. Sean McCully, MD 2012 – 2014
23. Scott Louis, MD 2012 – 2013
24. Alexis Moren, MD 2013 – 2014
25. Kelly Fair, MD 2013 – 2014
26. David Martin, MD 2013 – 2015
27. Mackenzie Cook, MD 2013 – 2014
28. Vicente Undurraga, MD 2013 – 2015
29. Christopher Connelly, MD 2014 – 2015
30. Davis Yonge, MD 2014 – 2015
31. Justin Watson, MD 2014 - 2015
32. Aravind Bommiasamy, MD 2015 – 2016
33. Brandon Behrens, MD 2016 – 2017
34. Sawyer Smith, MD 2016 – 2018
35. Alix Dixon, MD 2018 – 2019
36. Sarayu Subramania 2019 – 2021
37. Marissa Beiling, MD 2021 – 2022
38. Samantha Durbin, MD 2022 – 2023
39. Lindsey Loss, MD 2023 – 2024
40. Luis Tinoco – Garcia 2023 - 2024

Laboratory Fellows and Post-Docs Mentored

1. Modjgan Keyghobadi, MD 2004 – 2006
2. Ayhan Karahan, MD 2006 – 2007

3. Gopal Singh, MD 2007 – 2008
4. Igor Kremenevskiy, MD, PhD 2008-2012
5. Dinh-Tuan Le, MD 2012
6. Belinda McCully, PhD 2012 – 2018
7. Amonpon Kanlerd, MD 2018 – 2019
8. Michael Kolesnikov, 2020 - Present

PUBLICATIONS

1. Samuels, R. **Schreiber MA**, Patel, N, Hemobilia After a Gunshot Injury to the Liver. American Journal of Radiology 1996; 166:1304.
2. **Schreiber MA**, Gentilello LM, Rhee P, Jurkovich GJ, Maier RV, Limiting Computed Tomography to Patients With Peritoneal Lavage Positive Results Reduces Cost and Unnecessary Celiotomies in Blunt Trauma. Arch Surg 1996; 131:954-959.
3. **Schreiber MA**, Gentilello LM, Rhee P, Jurkovich GJ, Maier RV, Blunt Trauma: Limiting CT to Patients with Peritoneal Lavage, Reducing Costs and Unnecessary Celiotomies. Chirurgia International 1997;4:14-16.
4. **Schreiber MA**, Pusateri AE, Veit BC, Smiley RA, Morrison CA, Harris A, Timing of Vaccination Does not Affect Antibody Response or Survival Following Pneumococcal Challenge in Splenectomized Rats. The Journal of Trauma 1998; 45:692-699.
5. Morrison CA, **Schreiber MA**, Olsen SB, Hetz SP, Acosta MM, Femoral Venous Flow Dynamics During Intraperitoneal and Preperitoneal Laparoscopic Insufflation. Surgical Endoscopy 1998; 12: 1213-1216.
6. Nessen S, Holcomb JB, Tonkinson B, Hetz SP, **Schreiber MA**, Early Laparoscopic Nissen Fundoplication for Recurrent Reflux Esophagitis: A Cost Effective Alternative to Omeprazole. Journal of the Society of Laparoscopic Surgery 1999; 3: 103-106.
7. Gerhardt RT, Stewart T, De Lorenzo RA, Gourley EJ, **Schreiber MA**, McGhee JS. Air Medical Transport by a US Army Air Ambulance Unit Under the Military Assistance to Safety and Traffic (MAST) Program in El Paso, Texas: A Cross-sectional Study and Program Review. Prehospital Emergency Care 2000;4:136-143.
8. Taylor SF, Kopchinski B, **Schreiber MA**, Singleton L,. Trauma Patient Outcome in an Army Deployable Medical Systems Environment Compared with a Medical Center. Military Medicine; 2000; 165:867-869.

9. Gourley EJ, **Schreiber MA**, Gerhardt RT, Stewart TR. Military Assistance to Safety and Traffic (MAST) Services in El Paso: A Retrospective Analysis. *Military Medicine*; 2000; 165:870-874.
10. Granchi TS, Schmittling ZC, Vasquez J, **Schreiber MA**, Wall MJ. Prolonged Use of Intraluminal Arterial Shunts Without Systemic Anticoagulation. *The American Journal of Surgery*; 2000; 180:493-497.
11. Aoiki N, Wall MJ, Demsar J, Zupan B, Granchi T, **Schreiber MA**, Holcomb JB, Byrne M, Liscum K, Goodwin G, Beck JR, Mattox K. Predictive Model for Survival at the Conclusion of a Damage Control Laparotomy. *The American Journal of Surgery*; 2000; 180:540-545.
12. **Schreiber MA**, Coburn M, Penetrating Pellet Injury of the Kidney Presenting with Complete Urinary Obstruction. *The Journal of Trauma*. 2001;50:1144-1146.
13. Gerhardt RT, Stewart T, De Lorenzo RA, McGhee JS, Gourley EJ, **Schreiber MA**. US Army Air Ambulance Operations in El Paso, Texas: A Descriptive Study and System Review. *Military Medicine*; 2001; 166:102-107.
14. **Schreiber MA**, Holcomb JB, Hedner U, Brundage SI, Macaitis JM, Hoots K. The Effect of Recombinant Factor VIIa on Coagulopathic Pigs with Grade V Liver Injuries. *Journal of Trauma*. 2002;53:252-259.
15. Brill SA, Stewart TR, Brundage SI, **Schreiber MA**. Base Deficit Does not Predict Mortality When it is Secondary to Hyperchloremic Acidosis. *Shock*. 2002;17:459-62.
16. **Schreiber MA**, Holcomb JB, Conaway CW, Campbell KD, Wall M, Mattox KL. Military Trauma Training Performed in a Civilian Trauma Center. *Journal of Surgical Research*. 2002;104:8-14.
17. **Schreiber MA**, Aoki N, Scott BG, Beck JR. Determinants of Mortality in Patients with Severe Blunt Head Injury. *Archives of Surgery*. 2002; 137:285-290.
18. Tyroch AH, Kaups KL, Lorenzo Manuel, Solis D, **Schreiber MA**. Routine Chest Radiograph is not Indicated After Open Tracheostomy: A Multi-center Perspective. *The American Surgeon*. 2002; 68:80-82.
19. **Schreiber MA**, Holcomb JB, Hedner U, Brundage SI, Macaitis JM, Aoki N, Meng ZH, Tweardy DJ, Hoots K. The Effect of Recombinant Factor VIIa on Non-Coagulopathic Pigs with Grade V Liver Injuries. *Journal of the American College of Surgeons*. 2003; 196:691-697.

20. Brundage SI, **Schreiber MA**, Holcomb JB, Zautke N, Mastrangelo MA, Xu XQ, Macaitis JM, Tweardy DJ. Amplification of the Pro-Inflammatory Transcription Factor Cascade Increases with Severity of Uncontrolled Hemorrhage in Swine. *Journal of Surgical Research*. 2003; 113:74-80.
21. **Schreiber MA**. Damage Control Surgery. *Critical Care Clinics*. 2004; 20:101-118.
22. Watters JM, Brundage SI, Todd SR, Zautke NA, Stefater JA, Lam JC, Muller PJ, Malinoski D, **Schreiber MA**. Resuscitation with Lactated Ringer's Does Not Increase Inflammatory Response in a Swine Model of Uncontrolled Hemorrhagic Shock. *Shock*. 2004; 22:283-287.
23. Brundage SI, Zautke NA, Watters JM, Stefater JA, Todd SR, Lam JC, **Schreiber MA**. Lactated Ringer's Does Not Increase Inflammation after Shock. 6th World Congress on Trauma, Shock, Inflammation and Sepsis. 2004; EC302C0210:151-155.
24. Tisherman SA, Barie P, Bokhari F, Bonadies J, Daley B, Eachempati S, Kurek S, Luchette F, Puyana JC, **Schreiber MA**, Simon R. Clinical Practice Guideline: Endpoints of Resuscitation. *Journal of Trauma*. 2004; 57:898-912.
25. **Schreiber MA**, Differding J, Thorborg P, Mayberry JC, Mullins RJ. Hypercoagulability is Most Prevalent Early After Injury and in Female Patients. *Journal of Trauma*. 2005; 58:475-481.
26. Dorlac WC, Debaeky ME, Holcomb JB, Fagan SP, Kwong KL, Dorlac GR, **Schreiber MA**, Persse DE, Moore FA, Mattox KL. Mortality from Isolated Civilian Penetrating Extremity Injury. *Journal of Trauma*. 2005;59:217-222.
27. Macht M, Rizvi A, **Schreiber MA**, Wilson WS. Impalement with Spinal Cord Injury Requiring Intraoperative Division of a Reinforced Steel Bar. *European Journal of Trauma*. 2005;31:503-507.
28. Malinoski DJ, Todd SR, Slone S, Mullins RJ, **Schreiber MA**. Correlation of Central Venous and Arterial Blood Gas Measurement in mechanically Ventilated Trauma patients. *Archives of Surgery*. 2005;140:1122-1125.
29. **Schreiber MA**. Coagulopathy in the Trauma Patient. *Current Opinions in Critical Care*. 2005;11:590-597.
30. **Schreiber MA**, Holcomb JB, Rojkjaer R. Preclinical Trauma Studies of Recombinant Factor VIIa. *Critical Care*. 2005; 9 Supplement 5:S25-S28.

31. Todd SR, Malinoski DJ, Muller PJ, **Schreiber MA**. Hextend Attenuates Hypercoagulability Following Severe Injury in Swine. *Journal of Trauma*. 2005;59:589-594.
32. McHenry TP, Mirza SK, Wang J, Wade CE, O'keefe GE, Dailey AT, **Schreiber MA**, Chapman JR. Risk factors for respiratory failure following operative stabilization of thoracic and lumbar spine fractures. *Journal of Bone and Joint Surgery of America*. 2006;88:997-1005.
33. Kiraly LN, Differding JA, Enomoto TM, Sawai RS, Muller PJ, Diggs B, Tieu BH, Englehart MS, Underwood S, Wiesberg TT, **Schreiber MA**. Resuscitation with Normal Saline (NS) vs. Lactated Ringers Modulates Hypercoagulability and Leads to Increased Blood Loss in an Uncontrolled Hemorrhagic Shock Swine Model. *Journal of Trauma*. 2006;61:57-65.
34. Watters JM, Tieu BH, Differding JA, Muller PJ, **Schreiber MA**. A Single Bolus of 3% Hypertonic Saline with 6% Dextran Provides Optimal Initial Resuscitation after Uncontrolled Hemorrhagic Shock. *Journal of Trauma*. 2006;61:75-81.
35. Watters JM, Tieu BH, Todd SR, Jackson T, Muller PJ, Malinoski DJ, **Schreiber MA**. Fluid Resuscitation Increases Inflammatory Gene Transcription Following Traumatic Injury. *Journal of Trauma*. 2006;61:300-309.
36. Malinoski DJ, Mullins RJ, **Schreiber MA**. Venous Blood Oxygen Saturation – Reply. *Archives of Surgery*. 2006;141:716.
37. Rizvi AZ, Slone DS, **Schreiber MA**. Modulation of the Coagulation Cascade Using Recombinant Factor VIIa and Activated Protein C in a Severely Injured Trauma Patient. *European Journal of Trauma*. 2006;32:399-403.
38. **Schreiber MA**. Invited Commentary, “Re: A Brief Overview of the Acute Respiratory Distress Syndrome”. *World Journal of Surgery*. 2006;30:1835.
39. Englehart M, **Schreiber MA**. Measurement of Acid Base Resuscitation Endpoints: Lactate, Base Deficit, Bicarbonate or What? *Current Opinion in Critical Care*. 2006;12:569-574.
40. Karmy-Jones R, Jurkovich GJ, Velmahos GC, Burdick T, Spaniolas K, Stodd SR, McNally M, Jacoby RC, Link D, Janczyk RJ, Ivascu FA, McCann M, Obeid F, Hoff WS, McQuay N Jr, Tieu BH, **Schreiber MA**, Nirula R, Brasel K, Dunn JA, Gambrell D, Huckfeldt R, Harper J, Schaffer KB, Tominaga GT, Vences FY, Sperling D, Hoyt D, Coimbra R, Rosengart MR, Forsyth R, Cothren C, Moore EE, Haut ER, Hayanga AJ, Hird L, White C, Grossman J, Nagy K, Livaudais W, Wood R, Zengerink I, Korthbeek JB. Practice Patterns and Outcomes of Retrievable Vena Cava Filters in Trauma Patients. An AAST Multicenter Study. *Journal of Trauma*. 2007;62:17-25.

41. Holcomb JB, Jenkins D, Rhee P, Johannigman J, Mahoney P, Mehta S, Cox ED, Gehrke MJ, Beilman GJ, **Schreiber MA**, Flaherty SF, Grathwohl KW, Spinella PC, Perkins JG, Beekley AC, McMullin NR, Park MS, Gonze EA, Wade CE, Dubick MA, Schwab W, Moore FA, Champion HR, Hoyt DB, Hess JR. Damage Control Resuscitation: Directly Addressing the Early Coagulopathy of Trauma. *Journal of Trauma* 2007;62:307-310.
42. Todd SR, Malinoski DJ, Muller PJ, **Schreiber MA**. Lactated Ringer's is Superior to Normal Saline in the Resuscitation of Hemorrhagic Shock. *Journal of Trauma*. 2007;62:636-639.
43. Tieu BH, Holcomb JB, **Schreiber MA**. Coagulopathy: Its Pathophysiology and Treatment in the Injured Patient. *World Journal of Surgery*. 2007;31:1055-1065.
44. Teh SH, Sheppard BC, Mullins RJ, **Schreiber MA**, Mayberry JC. Diagnosis and Management of Blunt Pancreatic Ductal Injury in the Era of High-Resolution Computed Axial Tomography. *American Journal of Surgery*. 2007;193:641-643.
45. Perkins JG, **Schreiber MA**, Wade CE, Holcomb JB. Early Versus Late Recombinant Factor VIIa in Combat Trauma Patients Requiring Massive Transfusion. *Journal of Trauma*. 2007;62:1095-1101.
46. **Schreiber MA**, Perkins J, Kiraly L, Underwood S, Wade C, Holcomb JB. Early Predictors of Massive Transfusion in Combat Casualties. *Journal of the American College of Surgeons*. 2007;205:541-545.
47. **Schreiber MA**, Tieu B. Hemostasis in Operation Iraqi Freedom III. *Surgery*. 2007;142:S61-S66.
48. **Schreiber MA**, Zink K, Underwood SA, Sullenberger L, Kelly M, Holcomb JB. A Comparison Between Patients Treated at a Combat Support Hospital in Iraq and a Level 1 Trauma Center in the United States. *Journal of Trauma*. 2008;64:S118-122.
49. Gee AC, Sawaii RS, Differding J, Muller P, Underwood S, **Schreiber MA**. The Influence of Sex Hormones on Coagulation and Inflammation in the Trauma Patient. *Shock*. 2008;29:334-341.
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6. **Schreiber MA**, Tieu B, Kiraly L, Englehart M. Resuscitation Fluids. In: Asensio JA, Trunkey DD (Editors) – Current Therapy of Trauma and Surgical Critical Care. Mosby Elsevier, Philadelphia. pp 106-114, 2008.
7. Englehart M, Tieu B, **Schreiber MA**. Endpoints of Resuscitation. In: Asensio JA, Trunkey DD (Editors) – Current Therapy of Trauma and Surgical Critical Care. Mosby Elsevier, Philadelphia. pp 143-146, 2008.

8. Malinoski DJ, **Schreiber MA**, Mullins RJ. “Correlation of Central Venous and Arterial Blood Gas Measurements in Mechanically Ventilated Trauma Patients.” *International Respiratory Care Clinics and Technology: Update in Respiratory Care Technology*. pp 508-513, 2008.
9. **Schreiber MA**. Approach to Penetrating Trauma. In: Toy EC, Liu TH, Campbell AR (Editors) – *Case Files 3rd Edition: Surgery*, McGraw-Hill, New York. pp 139 - 145, 2009.
10. Van PY, **Schreiber MA**. Initial Evaluation and Resuscitation of the Trauma Patient. In: Cameron JL, Cameron AM (Editors) – *Current Surgical Therapy 10th Edition*. Elsevier Saunders, Philadelphia. pp 891 – 895, 2011.
11. Nahooraii R, **Schreiber MA**. Postoperative Resuscitation. In: Martin MJ, Beekley AC (Editors) – *Front Line Surgery 1st Edition*: Springer, New York. pp 421 – 429, 2011.
12. Villalba MR, **Schreiber MA**. Coagulopathies, Thrombotic disorders and Blood Component Therapy. In: Roberts PR, Todd SR (Editors) – *Comprehensive Critical Care: Adult 1st Edition*: Society of Critical Care Medicine, Mount Prospect, Illinois: pp 550 – 569, 2012.
13. Kunio NR, **Schreiber MA**. Topical Hemostatic Agents. In: Kitchens CS, Kessler CM, Konkle BA (Editors) – *Consultative Hemostasis and Thrombosis 3rd Edition*: Elsevier Saunders, Philadelphia. pp 538 – 545, 2013.
14. Pharaon KS, **Schreiber MA**. Subclavian Artery and Vein Injuries. In: Dua A, Desai SS, Holcomb JB, Burgess AR, Freischlag JA (Editors) – *Clinical Review of Vascular Trauma*: Springer, Heidelberg, New York, Dordrecht, London. pp 169 – 180, 2014.
15. Fischer PE, DeLoughery TG, **Schreiber MA**. Hematologic Changes with Aging. In: Yelon JA, Luchette FA (Editors) – *Geriatric Trauma and Critical Care*. Springer, New York, Heidelberg, Dordrecht, London. pp 55 – 60, 2014.
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18. Sherry SP, **Schreiber MA**. The Open Abdomen and Temporary Abdominal Closure Techniques. In: Taylor DA, Sherry SP, Sing RF. (Editors) – Interventional Critical Care. Springer, Switzerland. pp 339 – 348, 2016.
19. **Schreiber MA**. (Commentary) Authors: Norman H, Hong JJ. Large Bowel Obstruction. In: Cohn SM, Dolich MO, Inaba K. (Editors) – Acute Care Surgery and Trauma, Evidenced – Based Practice. CRC Press, Boca Raton, Florida. p 536, 2016.
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21. Yonge JD, Bohan PK, Connelly CR, **Schreiber MA**. An Initial Approach to the Bleeding Patient. In: Hemorrhagic Shock, Recognition, Pathophysiology and Management, edited by Pascual JL, Cannon JW. Nova Science Publishers, Inc. New York, NY. Pp 79-103, 2017.
22. Villalba MR, **Schreiber MA**. Coagulopathies, Thrombotic Disorders and Blood Component Thereapy. In: Roberts PR, Todd Sr. (Editors) - Comprehensive Critical Care, 2nd Edition: Adult, Society of Critical Care Medicine. Mount Prospect, IL. Chapter 31. 2017.
23. Nahoouraii R, **Schreiber M**, Bernard AC. Postoperative Resuscitation. In: Martin MJ, Beekley AC, Eckert MJ (Editors) – Front Line Surgery, 2nd Edition: Springer. Cham, Switzerland. pp 581 – 594. 2017.
24. Nielsen J, Van P, **Schreiber M**. Modern Combat Casualty Care. In: Moore EE, Feliciano DV, Mattox KL. Trauma, 8th Edition: McGraw Hill Education. New York, NY. pp 999 – 1018. 2017.
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26. Smith S, **Schreiber MA**. Evaluating the Acute Abdomen. In: Brown CVR, Inaba K, Martin MJ Salim A. Emergency General Surgery. Springer. Cham, Switzerland. pp 13 – 26. 2019.
27. Gallaher JR, Grudziak J, **Schreiber MA**. Consideration of Anticoagulation: Surgical Care for the Elderly in Current Geriatrics Reports. In: Luchette F, Gonzalez R. Current Geriatrics Reports. Springer Science+Business Media, LLC, part of Springer Nature. <https://doi.org/10.1007/s13670-019-00290-w>. 2019.

28. Van PY, Gurney JM, **Schreiber MA**. Modern Combat Casualty Care. In: Feliciano DV, Mattox KL, Moore EE, Alam HB, Ball CG, Inaba K, Kozar R, Livingston DH, **Schreiber MA**. Trauma. McGraw Hill. NY, NY. 1077 – 1098. 2020.
29. Gee AC, **Schreiber MA**. Colloids and Crystalloids. In: Spinella PC. Damage Control Resuscitation. Springer. Cham, Switzerland. pp 245 – 257. 2020.
30. Wang Y, **Schreiber MA**. Frozen Red Blood Cells. In: Spinella PC. Damage Control Resuscitation. Springer. Cham, Switzerland. pp 185 – 196. 2020.
31. Nair AB, **Schreiber MA**, Pati, S. Defining and Assessing the Endotheliopathy of Trauma and its Implications on Trauma-Induced Coagulopathy and Trauma-Related Outcomes. In: Moore HB, Moore EE, Neal MD. Trauma Induced Coagulopathy. Springer. Cham, Switzerland. pp 117 – 133. 2020.
32. Rittenhouse BA, **Schreiber MA**. Genitourinary Trauma. In: Dimick JB, Upchurch GR, Alam HB, Pawlik TM, Hawn MT, Sosa JA. Mulholland and Greenfield's Surgery Scientific Principles & Practice. Seventh Edition. Wolters Kluwer. Philadelphia, PA. pp 399 – 406. 2021.
33. Subramanian S, **Schreiber MA**. Resuscitation of Hemorrhagic Shock. In: Liu H, Kaye AD, Jahr JS. Blood Substitutes and Oxygen Biotherapeutics. Springer. Cham, Switzerland. pp 409 – 420. 2022.
34. Duletzke N, **Schreiber M**. Coagulopathies, Thrombotic Disorders and Blood Component Therapy. In: Roberts PR, Todd SR. Comprehensive Critical Care: Adult. 3rd Edition. Society of Critical Care Medicine. Mount Prospect, IL, USA.
35. Dixon AL, **Schreiber MA**. Guidelines for Blood Component Therapy. In: Vincent JL, Moore FA, Bellomo R, Marini JJ. Textbook of Critical Care. 8th Edition. Elsevier. Canada. 2024.
36. Subramanian S, **Schreiber MA**. Resuscitation of Traumatic Hemorrhagic Shock. In: Lieu H, Kaye AD, Jahr JS. Blood Substitutes and Oxygen Biotherapeutics. Springer. Switzerland. 2024

INVITED COMMENTARY

1. **Schreiber MA**. War Surgery: Working with Limited Resources in Armed Conflict and Other Situations of Violence, by Christos Giannouand and Marco Baldan. World Journal of Surgery. 2010;34:197.
2. **Schreiber MA**. Commentary on “Multicenter, Randomized, Controlled Clinical Trial of Transfusion Requirements in Critical Care. In: Cohn SM, Feinstein AJ. 50 Landmark Papers Every Trauma Surgeon Should Know. CRC Press, Taylor and Francis Group. Boca Raton, London, New York. Chapter 45; 2019.

AUDIO PUBLICATIONS

1. **Schreiber MA.** Frozen Blood. Audio-Digest General Surgery (Program Title: Transfusion/Vascular Surgery/Coagulation). Volume 60, Issue 14, July 21, 2013. ISSN 1047-6954.
2. **Schreiber MA.** Debate: Is Prehospital Tranexamic Acid Essential to Patient Well-being? AudioDigest General Surgery 67:03 (February 7) 2020.
3. **Schreiber MA.** DVT Prophylaxis in TBI, Spine and Solid Organ Injuries. AudioDigest General Surgery 68:15 (August 7) 2021.
4. **Schreiber M.** An Overview of Walking Blood Banks. AudioDigest General Surgery 68:20 (October 21) 2021.
5. **Schreiber M.** To Transfer or to Operate: Decisions in Rural Trauma Care. Audio Digest General Surgery 68:21 (November 7) 2021.

POSTER PRESENTATIONS

1. Watters JM, Muller PJ, Differding JA, **Schreiber MA**, A Single Bolus of 3.5% Hypertonic Saline with Dextran Provides Optimal Resuscitation after Uncontrolled Hemorrhagic Shock - Presented at 2004 Advanced Technology Applications for Combat Casualty Care 2004
2. Malinoski DJ, Slater MS, **Schreiber MA**, Mullins RS. A CPK of 20,000 is a Sensitive Predictor of Myoglobinuric Renal Failure after Traumatic Rhabdomyolysis - Presented at the 62nd meeting of The American Association for the Surgery of Trauma. 2003
3. Brundage SI, **Schreiber MA**, Holcomb JB, Zautke NA, Mastrangelo MA, Xu XQ, Macaitis JM, Tweardy DJ. Recombinant Activated VII for Adjunctive Hemorrhage Control Reduces Nuclear Factor Kappa Beta Activation in a Hypothermic Coagulopathic Swine Model of Uncontrolled Hemorrhagic Shock – Presented at the Twenty-Fifth Annual Conference on Shock. 2003
4. Todd SR, Malinoski D, **Schreiber MA**. Lactated Ringer's is Superior to Normal Saline in Uncontrolled Hemorrhagic Shock - Presented at the Twenty-Fifth Annual Conference on Shock. 2003
5. Brundage SI, **Schreiber MA**, Mastrangelo MA, Holcomb JB, Macaitis JM, Moreno CE, Tweardy DJ, Increased Magnitude of Shock in a Swine Model of Uncontrolled Hmorrhage Results in Increased Liver Damage and Local IL-6 and G-CSF Production – Presented at the Twenty-Fifth Annual Conference on Shock 2002

6. Scott BG, Holcomb JB, Hess JR, **Schreiber MA**, Hudson KL, Wall MJ, Age of Packed Red Blood Cells did not Affect Mortality of Trauma Patients – Presented at The Southwest Surgical Congress May, 2001
7. Dorlac WC, Holcomb JB, Fagan SP, Kwong KL, **Schreiber MA**, Moore FA, Mattox KL, Exsanguination from Isolated Civilian Extremity Injuries – Presented at The Southwest Surgical Congress May, 2001
8. Aoki N, Scott BG, Holcomb JB, Zupan B, Demsar J, **Schreiber MA**, Brundage SI, Persse D, Beck JR, Wall MJ, Mattox KL, Prehospital Prognostic Factors for Patients with Penetrating Injury. Presented at The Southwest Surgical Congress May, 2001
9. **Schreiber MA**, Holcomb JB, Brundage SI, Maciatis JM, Tweardy D, Hedner U, Hoots K. The Effect of rFVIIa on Coagulopathic Pigs with Grade V Liver Injuries. Presented at the 6th Novo Nordisk Symposium on the Treatment of Bleeding and Thrombotic Disorders Copenhagen, Denmark May, 2001
10. **Schreiber MA**, Charles NC, Kopchinski B, Stewart T, Aoki N. The Effect of Urokinase on Bleeding and the Coagulation Cascade in a Pig Liver Injury Model.
11. Presented at the 2001 International Society of Thrombosis and Haemostasis Paris, France July, 2001
12. **Schreiber MA**, Brill S, Stewart TR, Base Deficit is a Poor Predictor of Lactic Acidosis and Mortality in Critically Ill Patients – Presented at the Michael E. DeBakey International Surgical Society 2000
13. Tyroch A, Kaups K, Lorenzo M, Solis D, **Schreiber M**, Routine Chest Radiographs are Not Indicated After Open Tracheostomy: A Multi-Center Perspective – Presented at the American Association for the Surgery of Trauma 2000
14. **Schreiber MA**, Charles NC, Kopchinski B, Stewart T, The Effect of Urokinase on Bleeding and the Coagulation Cascade in a Pig Liver Injury Model - Presented at the American Association for the Surgery of Trauma 1999
15. Hardaway RM, Kwong KL, **Schreiber MA**, William C, A New Treatment for Acute Respiratory Failure - Presented at The American College of Surgeons Fall Meeting 1998
16. **Schreiber MA**, Pusateri AE, Veit BC, Smiley RA, Morrison CA, Harris RA, Timing of Vaccination Does not Affect Antibody Response or Survival Following Pneumococcal Challenge in Splenectomized Rats – Presented at the American Association for the Surgery of Trauma 1997

CLINICAL PRESENTATIONS

1. Hemorrhagic Complications of Central Venous Catheterization - Presented at the 10th Annual Gary P. Wratten Surgical Symposium Tacoma, WA 1988
2. Penetrating Neck Trauma on Mount Rainier-Seattle Surgical Society 1995
3. Complimentary Use of Peritoneal Lavage and CT in the Management of Blunt Abdominal Trauma - Presented at the Pacific Coast Surgical Association Scientific Program 1996
4. Effect of Pre-peritoneal and Intra-peritoneal Insufflation on Femoral Venous Flow - Presented at the Washington State Chapter Meeting of the ACS 1996
5. Abdominal Compartment Syndrome - R. E. Thomason Hospital Trauma Grand Rounds, El Paso, Texas 1998
6. Penetrating Neck Trauma - Providence Memorial Hospital Trauma Grand Rounds, El Paso, Texas 1998
7. Cost Effective Evaluation of the Abdomen in Blunt Trauma - 4th Annual Army Symposium on Trauma, San Antonio, TX 1998
8. Cost Effective Evaluation of the Abdomen in Blunt Trauma - Ben Taub General Hospital Grand Rounds 1998
9. MAST Services in El Paso: A Retrospective Analysis and Comparison to the Major Trauma Outcome Study, Current - Winner Army Trauma Competition at Gary Wratten Symposium 1998
10. Hyperchloremic Metabolic Acidosis in the Critically Ill Trauma Patient, Current - Presented At Gary Wratten Symposium 1998
11. The Effect of Tricare on a Surgical Residency Program - Presented at Gary Wratten Symposium 1998
12. Substernal Goiter: Is Operative Management Mandatory? -Winner 3rd Place in Resident Competition at the 1998 Southern Medical Association Meeting The Effect of Urokinase on Bleeding and the Coagulation Cascade in a Pig Liver Injury Model - 2nd Place Army Trauma Competition, Gary Wratten Symposium 1999
13. Cost Effective Evaluation of the Abdomen in Blunt Trauma - University of Utah Trauma Conference 1999

14. Damage Control Surgery, Physiologic Considerations - Baylor College of Medicine Anesthesia Grand Rounds 1999
15. Damage Control Surgery, Physiologic Considerations - William Beaumont Army Medical Center Multidisciplinary Trauma Conference 1999
16. Damage Control Surgery, Physiologic Considerations – Baylor College of Medicine Surgery Grand Rounds 2000
17. Trauma at Ben Taub – Hermann Hospital Trauma Development Day 2000
18. Abdominal Compartment Syndrome – William Beaumont Army Medical Center Multidisciplinary Trauma Conference 2000
19. Abdominal Compartment Syndrome – Ben Taub General Hospital Multidisciplinary Trauma Conference 2000
20. Tackling Trauma Transfers – Trauma Care 2000, Warwick Hotel, Houston, TX September 2000
21. Recombinant Factor VIIa: A Novel Approach to Hemorrhage Control, Advanced Technology Applications to Combat Casualty Care, Ft Walton Beach, FL September 2000
22. Damage Control Surgery, Physiologic Considerations – University of California San Francisco at Fresno Surgical Grand Rounds, Fresno, CA November 2000
23. Determinants of Mortality in Patients with Severe Blunt Head Injury – Michael E. DeBakey International Surgical Society, Houston, TX. November 2000
24. The Effects of Urokinase on Bleeding and the Coagulation Cascade in a Pig Liver Injury Model – Michael E. DeBakey International Surgical Society, Houston, TX. November 2000
25. Determinants of Mortality in Patients with Severe Blunt Head Injury – Eastern Association for the Surgery of Trauma, Tampa Bay, FL January 2001. Firearms in the US and at Ben Taub – Million Moms March, Greater Houston Area Chapter, Houston, TX March 2001
26. Modulation of the Coagulation Cascade in Trauma Patients – Oregon Health Sciences University Surgical Grand Rounds, Portland, OR May 2001
27. Base Deficit Does not Predict Mortality when it Secondary to Hyperchloremic Acidosis – The Shock Society, Marco Island, FL June 2001

28. The Effect of Recombinant Factor VIIa on Non-Coagulopathic Pigs with Grade V Liver Injuries – International Society on Thrombosis and Haemostasis, Paris, France July 2001
29. The Effect of Recombinant Factor VIIa on Coagulopathic Pigs with Grade V Liver Injuries – Advanced Technology Applications to Combat Casualty Care, Ft Walton Beach, FL September 2001
30. Diversion: A Necessity for Survival – The Harris County Hospital District Annual Trauma Workshop, Houston, TX October 2001
31. Adult Respiratory Distress Syndrome – Rio Grande Trauma Conference & Pediatric Trauma Update III, El Paso, TX November 2001
32. Military Trauma Training Performed in a Civilian Trauma Center – Association for Academic Surgery, Milwaukee, WI November 2001
33. The Effect of Recombinant Factor VIIa on Coagulopathic Pigs with Grade V Liver Injuries - Eastern Association for the Surgery of Trauma, Orlando, FL January 2002
34. Modulation of the Coagulation Cascade in Trauma Patients – 13th Annual Northwest states Trauma Conference, Bend, OR April 2002
35. Adult Respiratory Distress Syndrome – Oregon Health Sciences University Surgical Grand Rounds, Portland, OR October 2002
36. Modulation of the Coagulation Cascade in ICU Patients – 29th Annual Oregon Chapter of the Society of Critical Care Medicine Critical Care Symposium, Portland, OR November 2002
37. Management of the Severely Injured – 34th Annual Family Practice Review, Portland, OR February 2003
38. Modulation of the Coagulation Cascade in Trauma Patients - Grand Rounds, Brooke Army Medical Center, San Antonio, TX June 2003
39. Future Directions: Managing Anemia in the Surgical Patient - 39th Annual Meeting Oregon Chapter American College of Surgeons, Sunriver, OR September 2003
40. Modulation of the Coagulation Cascade - Grand Rounds, University of California San Francisco - East Bay, Oakland, CA October 2003
41. Abdominal Compartment Syndrome - 30th Annual Critical Care Symposium, Portland, OR October 2003

42. Resuscitation of Uncontrolled Hemorrhagic Shock - Anesthesia Grand Rounds, Oregon Health & Science University, Portland, OR January 2004
43. Management of the Severely Injured - 35th Annual Family Practice Review, Portland, OR February 2004
44. Recombinant Factor VIIa, Uses in Trauma - 33rd Critical Care Congress of the Society of Critical Care Medicine, Orlando, FL February 2004
45. Initial Resuscitation of the Trauma Patient, Hemoglobin Substitutes - 15th Annual Trauma Conference Harborview Medical Center, Seattle, WA March 2004
46. Resuscitation Pearls – 15th Annual Northwest States Trauma Conference, Sunriver, OR April 2004
47. Novel Methods of Hemorrhage Control – 15th Annual Northwest States Trauma, Conference, Sunriver, OR April 2004
48. Modulation of the Coagulation Cascade - Grand Rounds, University of Texas Houston, TX May 2004
49. Hypercoagulability is Most Prevalent Early after Injury and in Females - American Association for the Surgery of Trauma Maui, Hawaii October 2004
50. Resuscitation in 2004: Are We Doing it the Right Way? 2nd Annual Directors' Forum Maui, Hawaii October 2004
51. Catastrophic Bleeding. The American Red Cross Portland, OR October 2004
52. What's New in Resuscitation?, Novel Methods of Hemorrhage Control and Adult Respiratory Distress Syndrome in the Trauma Patient. Portneuf Trauma and Emergency Care Conference Pocatello, Idaho October 2004
53. Lactated Ringer's is Superior to Normal Saline for the Resuscitation of Hemorrhagic Shock - Grand Rounds, Oregon Health & Science University December 2004
54. Modulation of the Coagulation Cascade in Trauma Patients. St. Charles Medical Center Trauma Conference. Bend, Oregon January 2005.
55. Management of the Severely Injured - 36th Annual Family Practice Review, Portland, OR February 2005
56. Modulation of the Coagulation Cascade. Marin General Hospital Trauma Conference. Marin, California March 2005

57. An OHSU Surgeon Goes To War. 23rd Annual Northwest Winter Conference in Emergency Medicine. Sunriver, Oregon January 2006
58. Hemoglobin-Based Oxygen Carrier (HBOC) Use in Neurotrauma Care. Invited Discussant. Eastern Association for the Surgery of Trauma. Orlando, Florida January 2006
59. Control of Hemorrhage: It Pays to be Aggressive. 17th Annual Northwest States Trauma Conference. Sunriver, Oregon April 2006
60. The Iraqi Experience. 17th Annual Northwest States Trauma Conference. Sunriver, Oregon April 2006
61. Medical Care in Operation Iraqi Freedom III. Trauma Conference. Santa Rosa, CA June 2006
62. Medical Care in Operation Iraqi Freedom III. Surgical grand Rounds, Providence St. Vincent Medical Center. Portland, Oregon August 2006
63. Potential Benefits of Ketamine as a Battlefield Anesthetic. Advanced Technology Applications for Combat Casualty Care. St. Petersburg, Florida August 2006
64. Predictors of Massive Transfusion in Combat Casualties. Advanced Technology Applications for Combat Casualty Care. St. Petersburg, Florida August 2006
65. Airway Pressure Release Ventilation. Trends in Respiratory & Acute Care. Troutdale, Oregon September 2006.
66. Hemostasis in Military Casualties. Second Thrombin Symposium. Challenges in Surgical Hemostasis. Seattle, Washington September 2006.
67. Postmortem Computed Tomography (CATopsy) Predicts Cause of Death in Trauma Patients. Invited Discussant. American Association for the Surgery of Trauma. New Orleans, Louisiana September 2006.
68. Early vs. Late Recombinant Factor VIIa Usage in Trauma patients Requiring Massive Transfusion in Combat Support Hospitals. American Association for the Surgery of Trauma. New Orleans, Louisiana September 2006.
69. Early Coagulopathy after Traumatic Brain Injury: The Role of Hypoperfusion and the Protein C Pathway. Invited Discussant. American Association for the Surgery of Trauma. New Orleans, Louisiana September 2006.
70. Induction of Profound Hypothermia Improves Survival in a Swine Model of complex Vascular, Splenic, and coonic Injuries, without an Increase in Bleeding

- and Septic Complications. Invited Discussant. American College of Surgeons. Chicago, Illinois October 2006.
71. Comparison of Prolonged Hypotensive and Normotensive Resuscitation Strategies in a Porcine Model of Hemorrhagic Shock. Invited Discussant. American College of Surgeons. Chicago, Illinois October 2006.
72. Mesenteric Ischemia. American College of Surgeons. Chicago, Illinois October 2006.
73. Fluids and Their Effects on Hemostasis. American College of Surgeons. Chicago, Illinois October 2006.
74. Is Hypothermia after Major Injury Protective or Harmful? American College of Surgeons. Chicago, Illinois October 2006.
75. Medical Care in Operation Iraqi Freedom III. Portland Surgical Society. Portland, Oregon October 2006
76. Modulation of Coagulation. Trauma conference, Albany General Hospital. Albany, Oregon November 2006
77. Care of Patients in Operation Iraqi Freedom III. Thirty-third Annual Critical Care Symposium. Portland, Oregon November 2006
78. A Reserve Surgeon Goes to War. Annual Training Conference, 6th Medical Recruiting Battalion. Las Vegas, Nevada December 2006
79. Medical Care in Operation Iraqi Freedom III. Internal Medicine Grand Rounds, Oregon Health & Science University. Portland, Oregon January 2007
80. Endotoxin tolerance in Sepsis: Concentration Dependent Augmentation or Inhibition of LPWS-Stimulated Macrophage TNF Secretion by LPS Pretreatment. Invited Discussant. Eastern Association for the Surgery of Trauma. Fort Myers, Florida January 2007
81. Fibrin Sealants. Extremity War Injuries II. Washington DC, January 2007.
82. Novel Methods of Hemorrhage Control. 24th Annual Northwest Winter Conference in Emergency Medicine. Sunriver, OR, January 2007.
83. Novel Methods of Hemorrhage Control. Vascular Conference. Oregon Health & Science University, Portland, Oregon February 2007.
84. Resuscitation and Systemic Hemorrhage Control. 45th Critical Care, Trauma and Emergency Medicine Symposium, Las Vegas, NV February 2007.

85. Emergent Hemorrhage Control. 45th Critical Care, Trauma and Emergency Medicine Symposium, Las Vegas, NV February 2007.
86. Lessons Learned from Operation Iraqi Freedom III. 45th Critical Care, Trauma and Emergency Medicine Symposium, Las Vegas, NV February 2007.
87. The Abdominal Compartment Syndrome. 45th Critical Care, Trauma and Emergency Medicine Symposium, Las Vegas, NV February 2007.
88. Lessons Learned from Operation Iraqi Freedom III. Josephine County Medical Society Dinner, Grants Pass, Oregon May 2007.
89. Assessing the Medical Resource Needs of Combat Support Hospitals. Advanced Technology Applications for Combat Casualty Care, St. Petersburg, Florida August 2007.
90. Characterization of a novel Fibrinogen Hemostatic Agent in Animal Injury Models. Advanced Technology Applications for Combat Casualty Care, St. Petersburg, Florida August 2007.
91. Invited Discussant: Causes of Death and Injury Severity in Operation Iraqi Freedom and Operation Enduring Freedom: 2003-2004 vs. 2006. Advanced Technology Applications for Combat Casualty Care, St. Petersburg, Florida August 2007.
92. Invited Discussant: Blood Product Effect on Survival for Patients with Combat Related Injuries. Advanced Technology Applications for Combat Casualty Care, St. Petersburg, Florida August 2007.
93. Research: Questions and Answers from Academic Trauma Surgeons. American Association for the Surgery of Trauma, Las Vegas, NV September 2007.
94. Optimal Resuscitation Endpoints. American College of Surgeons. New Orleans, LA October 2007.
95. Invited Discussant: Induced Hypothermia is Associated with Improved Outcomes in Porcine Hemorrhagic Shock. American College of Surgeons. New Orleans, LA October 2007.
96. Closure of Paper. Management and Outcome of Pneumatosis Intestinalis. North Pacific Surgical Association. Victoria, British Columbia. November 2007.
97. Permissive Hypotension, Fluid Resuscitation and Coagulopathies in the Trauma Patient. Kadlec Hospital Grand Rounds. Richland, Washington. December 2007.

98. Lessons Learned in the War on Terror. East Bay Surgical Society. Walnut Creek, California. February 2008.
99. The Effect of Fluid on Coagulation. Highland Hospital Surgical Grand Rounds. Oakland, California February 2008.
100. The Use of Leukoreduced Blood does not Reduce Infection, Organ Failure, or Mortality Following Trauma. Senior Discussant. Pacific Coast Surgical Association, 79th Meeting. San Diego, California February 2008.
101. Is There a Role for Aggressive use of Fresh Frozen Plasma in Massive Transfusion of Civilian Trauma Patients? Invited Discussant. Southwestern Surgical Congress. Acapulco, Mexico April 2008.
102. Ongoing Medical Advances in the War on Terror. Northwest States Trauma Conference. Bend, Oregon April 2008.
103. Blood Transfusions: Kindness or Murder. Northwest States Trauma Conference. Bend, Oregon April 2008.
104. Good Drugs Gone Bad! Antithrombotic Agents and Their Reversal in Trauma. Adding Insult to Injury: The Role of Chronic Conditions in Acute Trauma Care. Billings, Montana May 2008.
105. Fluid Modulates Coagulation after Trauma. Adding Insult to Injury: The Role of Chronic Conditions in Acute Trauma Care. Billings, Montana May 2008.
106. Medical Advances Made in the War on Terror. Billings Clinic Grand Rounds. Billings, Montana May 2008.
107. Fibrin Sealants to Stop Bleeding in Surgery. American College of Surgeons 94th Annual Congress. San Francisco, California October 2008.
108. Modern Control of Hemorrhage. Balboa Naval Hospital Grand Rounds. San Diego, California January 2009.
109. The Use of Lyophilized Plasma for Resuscitation in a Swine Model of Resuscitation. 80th Annual Meeting of the Pacific Coast Surgical Association. San Francisco, California February 2009.
110. A Simplified Set of Trauma Triage Criteria Safely Reduces Over-Triage: A Prospective Study. Invited Discussant. 80th Annual Meeting of the Pacific Coast Surgical Association. San Francisco, California February 2009.

111. Admission Ionized Calcium Levels Predict the Need for Multiple Transfusions: A Prospective Study of 591 Critically-Ill Trauma Patients. Invited Discussant. American Association for the Surgery of Trauma. Pittsburgh, Pennsylvania October 2009.
112. Activated Recombinant Factor VIIa Reduces Repeated Operations for Hemorrhage Following Major Abdominal Surgery. Invited Discussant. 80th Annual Meeting of the Pacific Coast Surgical Association. San Francisco, California February 2009.
113. Progress with New Formulations of Lyophilized Plasma. Advanced Technology Applications for Combat Casualty Care, St. Petersburg, Florida August 2009.
114. New Hemostatic Agents to Control Bleeding; Meet the Expert Luncheon. American College of Surgeons, Chicago, Illinois October 2009
115. Surgical Resident Perceptions of Trauma Surgery as a Specialty. Invited Discussant. American College of Surgeons, Chicago, Illinois October 2009
116. Resuscitation of Hemorrhagic Shock in 2009. Detroit Trauma Symposium. Detroit, Michigan November 2009
117. Modern Methods of Hemorrhage Control. Detroit Trauma Symposium. Detroit, Michigan November 2009
118. Splenectomy May Lead to a Persistent Hypercoagulable State after Trauma. North Pacific Surgical Association. Portland, OR November 2009
119. How Bad is Blood? 36th Annual Critical Care Symposium. Portland, OR November 2009.
120. Normal Saline. Prehospital Fluid Conference. Dallas, Texas January 2010.
121. Ethanol Consumption Increases Serum Testosterone in Healthy Volunteers. Pacific Coast Surgical Association. Maui, Hawaii February 2010.
122. The Impact of ABO-Identical Versus ABO-Compatible, Nonidentical Plasma Transfusion in Trauma Patients. (Invited Discussant) Pacific Coast Surgical Association. Maui, Hawaii February 2010.
123. Indications for and Risks of Pre-thawed Fresh Frozen Plasma. 8th World Congress on Trauma, Shock, Inflammation and Sepsis. Munich, Germany March 2010.

124. The Use of the Wittmann Patch Facilitates a High Rate of Fascial Closure in Severely Injured Trauma Patients and Critically Ill Surgery Patients. 8th World Congress on Trauma, Shock, Inflammation and Sepsis. Munich, Germany March 2010.
125. Point of Care Diagnostics for Assessment of Acute Coagulopathy. 8th World Congress on Trauma, Shock, Inflammation and Sepsis. Munich, Germany March 2010.
126. Necrotizing Fasciitis. Trauma, Critical Care & Acute Care Surgery 2010. Las Vegas, Nevada March 2010.
127. Blood Volume Repletion is Optimally Performed in the ICU. Trauma, Critical Care & Acute Care Surgery 2010. Las Vegas, Nevada March 2010.
128. The Effects of Systemic Trauma on Coagulation. Trans Agency Coagulopathy in Trauma Workshop. National Institutes of Health. Bethesda, Maryland April 2010.
129. The Joint Theater Trauma System. CENTCOM Surgeon's Conference. Qatar June 2010.
130. Blood Transfusions, Kindness or Murder. Grand Rounds Craig Joint Theater Hospital. Bagram, Afghanistan July 2010.
131. Joint Theater Trauma System, Applications to Civilian Systems. 96th Annual Congress of the American College of Surgeons. Washington DC, October 2010.
132. The Joint Theater Trauma System. Vancouver General Hospital Trauma Rounds. Vancouver, Washington December 2010.
133. Systemic Hemostatic Agents – Non-FDA Approved Uses. Public Workshop: Product Development Program for Interventions in Severe Bleeding Due to Trauma or Other Causes. FDA, Bethesda, Maryland December 2010.
134. Acute Coagulopathy of Trauma. Combat Trauma Innovation. London, England January 2011.
135. Pro-Coagulant Hemostatic Agents. Combat Trauma Innovation. London, England January 2011.
136. Damage Control Resuscitation – Plasma and Plasma Products. London, England January 2011.

137. Colon Injuries, What Would Ogilvie Say in 2011. Eastern Association for the Surgery of Trauma. Naples, Florida January 2011.
138. Splenic Injuries – Is it Time for Conservative Management in Theater? Eastern Association for the Surgery of Trauma. Naples, Florida January 2011.
139. Point:Counter Point – Operative Fixation of Flail Chest and Rib Fractures. Western Trauma Association. Big Sky, Montana March 2011.
140. Joint Theater Trauma System and the Blood Bank – 39th Annual Meeting of the Society of Armed Forces Medical Laboratory Scientists, Armed Services Blood Program Update. New Orleans, Louisiana March 2011.
141. Make it Stick: Coagulopathy Management 2011 and the Future. Trauma, Critical Care & Acute Care Surgery 2011. Las Vegas, Nevada April 2011.
142. Norma Saline: Is it Safe? Trauma, Critical Care & Acute Care Surgery 2011. Las Vegas, Nevada April 2011.
143. Normal Saline Versus Lactated Ringer's: Would the FDA Approve Normal Saline for Use in 2011? University of Texas Grand Rounds. Houston, TX May 2011.
144. The Joint Theater Trauma System – Washington, Oregon American College of Surgeons Chapter Meeting. Chelan, Washington June 2011
145. The Joint Theater Trauma System and How 9/11 Influenced It. 9/11 Ten Years Later. What Have We Learned? New York University, New York, New York. September 2011.
146. Blast Injuries: From the Field to the ICU, What You Need to Know. 9/11 Ten Years Later. What Have We Learned? New York University, New York, New York. September 2011.
147. Controversies Concerning the Use of Fresh Whole Blood in the Military Setting. 22nd International Congress of the Israel Society of Anesthesiologists. Tel Aviv, Israel. September 2011.
148. Conflicts in Iraq and Afghanistan: Lessons Learned. 22nd International Congress of the Israel Society of Anesthesiologists. Tel Aviv, Israel. September 2011.
149. Blood Transfusions: The Rules Have Changed. 97th Annual American College of Surgeons Clinical Congress. San Francisco, California. October 2011.

150. What is Lyophilized Plasma? 97th Annual American College of Surgeons Clinical Congress. San Francisco, California. October 2011.
151. Novel Methods of Hemorrhage Control. 3rd Annual Southwest Trauma & Acute Care Symposium. Scottsdale, Arizona. November 2011.
152. Novel Blood Products for Treatment of Hemorrhagic Shock 3rd Annual Southwest Trauma & Acute Care Symposium. Scottsdale, Arizona. November 2011.
153. The Acute Coagulopathy of Trauma, Diagnosis and Treatment. Trauma Care 2011. Columbus, Ohio. November 2011.
154. What is the Difference Between Trauma Centers? Appropriate Triage of Trauma Patients. Trauma Care 2011. Columbus, Ohio. November 2011.
155. The Year in Combat. Eastern Association for the Surgery of Trauma. Orlando, FL. January 2012.
156. The Current Status of Hemostatic Dressings. Combat Trauma Innovation 2012. London, England. January 2012.
157. The Acute Coagulopathy of Trauma and its Treatment in 2012. Combat Trauma Innovation 2012. London, England. January 2012.
158. Lyophilized Plasma: Coming to a Hospital Near You. Combat Trauma Innovation 2012. London, England. January 2012.
159. Dilutional Coagulopathy, How to Measure and How to Correct. 41st Critical Care Congress. Houston, Texas. February 2012.
160. Low Volume Fluid Resuscitation. Prehospital Trauma Symposium. Harborview Medical Center. Seattle, Washington. February 2012.
161. The Acute Coagulopathy of Trauma: Pathophysiology, Diagnosis and Novel Treatments. University of Maryland, Department of Surgery and Division of Trauma Grand Rounds. Baltimore, Maryland. February 2012.
162. Disasters Lessons Learned in the War on Terror. Trauma, Critical Care & Acute Care Surgery 2012. Las Vegas, Nevada. March 2012.
163. Resuscitation Redefined. Trauma, Critical Care & Acute Care Surgery 2012. Las Vegas, Nevada. March 2012.
164. Blast Injuries from Battlefield to ICU. Trauma, Critical Care & Acute Care Surgery 2012. Las Vegas, Nevada. March 2012.

165. Lactaed Ringers versus Normal Saline for the Resuscitation of Hemorrhagic Shock. Current Topics in Trauma Care 2012. Midland, Texas, April 2012
166. The Use of Lyophilized Plasma in a Multi-injury Pig Model. Remote Damage Control Resuscitation. Bergen, Norway, June 2012.
167. Near Infrared Spectroscopy: Clinical and Research Uses. Remote Damage Control Resuscitation. Bergen, Norway, June 2012.
168. The Way Forward in Resuscitation Research. FDA Workshop on Benefits and Risks of Hydroxyethyl Starch for Resuscitation. Bethesda, Maryland. September 2012.
169. The Joint Theater Trauma System, The Greatest Trauma System Ever Created. Trauma Center Association of America. Charleston, South Carolina. October 2012.
170. Modern Methods of Hemorrhage Control, 2012 and Forward. Trauma Center Association of America. Charleston, South Carolina. October 2012.
171. Hypotensive Resuscitation; Death of Another Sacred Cow. American Heart Association. Los Angeles, CA. November 2012.
172. The Acute Coagulopathy of Trauma. West Virginia University Department of Surgery Grand Rounds. Morgantown, West Virginia. November 2012.
173. The Joint Theater Trauma System, The Greatest Trauma System Ever Created. OPALS Prehospital Research Group Meeting. Ottawa, Canada. November 2012.
174. Hypotensive Resuscitation, Progress Report from the Resuscitation Outcomes Consortium. OPALS Prehospital Group Meeting. Ottawa, Canada. November 2012.
175. Initial Management of the Trauma Patient. Trauma & Emergency Surgery. American Austrian Foundation. Salzburg, Austria. January 2013.
176. Considerations in Penetrating Trauma. Trauma & Emergency Surgery. American Austrian Foundation. Salzburg, Austria. January 2013.
177. Damage Control Surgery. Trauma & Emergency Surgery. American Austrian Foundation. Salzburg, Austria. January 2013.

178. The Joint Theater Trauma System, The Greatest Trauma System Ever Created. February in Phoenix Trauma Symposium. February 2013.
179. Blast Injury: What You Need to Know. February in Phoenix Trauma Symposium. Phoenix, Arizona February 2013.
180. Frozen Deglycerolized Red Blood Cells are Superior to Standard Liquid Red Blood Cells. Transfusion 2013. Phoenix, Arizona March 2013.
181. The Joint Theater Trauma System, The Greatest Trauma System Ever Created. Arkansas Trauma Conference. Little Rock, Arkansas April 2013
182. Modern Methods of Hemorrhage Control. Arkansas Trauma Conference. Little Rock, Arkansas April 2013
183. Major Venous Injuries Should Always be Repaired. Austin Trauma & Critical Care Conference. Austin, Texas May 2013
184. Topical Hemostatic Agents. Austin Trauma & Critical Care Conference. Austin, Texas May 2013
185. Novel Blood Transfusion Strategies. John Paul Pryor Oration, University of Pennsylvania. Philadelphia, Pennsylvania June 2013
186. Novel Methods of Hemorrhage Control. University of Pennsylvania Trauma Grand Rounds. Philadelphia, Pennsylvania June 2013
187. Resuscitation 2013. World Trauma Symposium. Las Vegas, Nevada September 2013
188. Modern Methods of Hemorrhage Control. World Trauma Symposium. Las Vegas, Nevada September 2013
189. Adjunctive Therapy for Coagulopathy is Superior. Trauma Quality Improvement Conference. Reno, Nevada November 2013
190. The Use of Thrombelastography to Guide Treatment of Coagulopathy. Thrombelastography Symposium. Moscow, Russia November 2013
191. Blood Transfusions 2014. Burlington Northern Visiting Lectureship in Trauma. University of Texas Southwestern Medical Center. Dallas, Texas. December 2013.
192. Enoxaparin “Tis is Better to Miss a Dose or Never to Have Started it at All?” Trauma, Critical Care & Acute Care Surgery 2014. Las Vegas, Nevada. March 2014. Presented from Shank, Afghanistan.

193. PCC and Fibrinogen, Better Than Plasma? Trauma, Critical Care & Acute Care Surgery 2014. Las Vegas, Nevada. March 2014. Presented from Shank, Afghanistan.
194. Management of Coagulopathy in Trauma – What Do We Know and What is in Store? Critical Care Summer Session. University of California San Diego. San Diego, California. July 2014.
195. Novel Blood Transfusion Strategies. 2nd Annual Richard B. Fratianna Endowed Lectureship in Trauma. MetroHealth Medical Center, Department of Surgery Case Western Reserve University. Cleveland, Ohio. July 2014.
196. A Controlled Resuscitation Strategy is Feasible and Safe in Hypotensive Trauma Patients: Results of a Prospective Randomized Pilot Trial. Military Health Systems Research Symposium. Fort Lauderdale, Florida. August 2014.
197. A Controlled Resuscitation Strategy is Feasible and Safe in Hypotensive Trauma Patients: Results of a Prospective Randomized Pilot Trial. American Association for the Surgery of Trauma. Philadelphia, Pennsylvania. September 2014.
198. Is There a TEM Parameter Cut Off That Could Be Used To Withhold Transfusion of Blood Product? Consensus Conference on TEM Based Transfusion Guidelines for Early Trauma Resuscitation. Philadelphia, Pennsylvania. September 2014.
199. Innovative Approaches to Hemorrhagic Shock. SEAHEC 26th Annual Trauma & Emergency Symposium. Wilmington, North Carolina. February 2015.
200. Damage Control Resuscitation. University of British Columbia Grand Rounds. Vancouver, British Columbia. February 2015.
201. Frozen Deglycerolized Red Blood Cells are Safe and Effective in Trauma Patients. American Surgical Association. San Diego, California, April 2015.
202. Frozen as Fresh Red Blood Cells for Remote Damage Control Resuscitation. Trauma, Hemostasis & Oxygenation Research Conference. Bergen, Norway. June 2015.
203. When and How Should Tranexamic Acid be Given in the Prehospital Environment? Resuscitation. Trauma, Hemostasis & Oxygenation Research Conference. Bergen, Norway. June 2015.

204. The Advantages of Dried Plasma for Use in Austere Conditions. International Plasma Fractionation Association. Stellenbosch, South Africa. December 2015.
205. Lessons from the Battlefield: How Military Trauma Care Transforms Civilian Care in the United States. Marquam Hill Lecture Series. Portland, OR. February 2016.
206. Blood Transfusions: A Frontier We Have Just Begun to Explore. Laerdahl Memorial Award Lecture. Society of Critical Care Medicine. Orlando, FL. February 2016.
207. Blood Transfusions 2016. Swiss Army Day. Bern, Switzerland. March 2016.
208. Blood Transfusions: An Old Therapy with Exciting New Frontiers. Duke University Department of Surgery Grand Rounds. October 2016.
209. Damage Control Resuscitation. International Society of Blood Therapies. Copenhagen, Denmark. June 2017.
210. Blood Component Therapy and Major Trauma Transfusion. Combined US Army and Qatari Military Trauma Casualty Care Seminar. Doha, Qatar. February 2018.
211. Novel Blood Products Now and Into the Future. R. Arnold Griswold MD Lectureship. Louisville, Kentucky. March 2019.
212. TXA Randomized Comparative Trial Data Review from OHSU. Trauma, Hemostasis & Oxygenation Research. Bergen, Norway. June 2019.
213. Prehospital Tranexamic Acid for Use in TBI. Tranexamic Acid in Trauma Symposium. Melbourne, Australia. July 2019.
214. Dosing of Enoxaparin, Do We Know What We Are Doing. International Association for Trauma and Intensive Care. Krakow, Poland. August 2019.
215. A Randomized Trial Comparing Two Doses of TXA to Placebo in Patients with Moderate to Severe Traumatic Brain Injury. Royal London Hospital Trauma Masters Course. London, England. September 2019.
216. The History of Blood Transfusion: Where Have We Been and Where are We Going? John Ryan Lectureship, Virginia Mason Hospital. Seattle, Washington. September 2019.

217. Whole Blood Transfusion in Trauma. Mae Fae Yung University. Chiang Rai Thailand. November 2019.
218. Blood Transfusion, Where Have We Been and Where are We Going. Royal Perth University Grand Rounds. Perth, Australia. November 2019
219. Stem Cells in Trauma. Western Australia Trauma Symposium. Perth, Australia. Perth Australia. November 2019.
220. Tranexamic Acid for Traumatic Brain Injury. Western Australia Trauma Symosium. Perth, Australia. November 2019.
221. Stem Cells in Trauma. 12th Annual Founders' Basic Science Lecture. Western Trauma Association. Sun Valley, Idaho February 2020.
222. Stem Cells in Trauma, the Dawn of a New Era. 3rd Annual Kenneth L. Mattox Annual Lecture. Baylor College of Medicine. Houston, TX February 2021.
223. Adjuncts to Massive Transfusion. Shock Society. Toronto, Canada May 2022.
224. Tranexamic Acid for Traumatic Brain Injury. Chichely Hall, England. July 2022.
225. From Frogs to Boots on the Ground and Beyond. 24th Anthony R. Curreri Distinguished Surgical Lecture. Walter Reed Military Medical Center. January 2023.
226. Walking Blood Banks. SWAN Conference. Sydney, Australia. March 2023.
227. Damage Control Resuscitation. SWAN Conference. Sydney, Australia. March 2023.
228. Best Management Principles for Jehovah Witnesses. SWAN Conference. Sydney, Australia. March 2023
229. Chains of Survival in Trauma. Singapore Trauma and Acute Care Conference. Singapore. October 2023
230. Lessons Learned in the War on Terror. Singapore Trauma and Acute Care Conference. Singapore. October 2023
231. Top 3 Predictions for the Future of Trauma. Singapore Trauma and Acute Care Conference. Singapore. October 2023

SECTION EDITOR

1. Batig TS, Batig AL. Obstetric Trauma and Surgical Emergencies in the Military Operational Environment. Curr Trauma Rep. 2018; 4:1-8.
2. Bhattacharya, B., Pei, K., Lui, F. et al. Caring for the Geriatric Combat Veteran at the Veteran Affairs Hospital. Curr Trauma Rep 2017; 3: 62-68.

3. Eastridge BJ. Injuries to the Abdomen from Explosion. Curr Trauma Rep. 2017; 3: 69-74.
4. Plackett TP. Performance Improvement in Combat Casualty Care Curr Trauma Rep. 2018; 4: 71-76.
5. Kuckelman J, Cuadrado D, Martin M. Thoracic Trauma: a Combat and Military Perspective. Curr Trauma Rep. 2018; 4: 77-87.
6. Kuckelman J, Derickson M, Long, WB, et al. MASCAL Management from Baghdad to Boston: Top Ten Lessons Learned from Modern Military and Civilian MASCAL Events. Curr Trauma Rep. 2018; 4: 138
7. Gurney JM, Holcomb JB. Blood Transfusion from the Military's Standpoint: Making Last Century's Standard Possible Today. Curr Trauma Rep. 2017; 3: 144-155.
8. Walker P, Bozzay J, Bell R, et al. Traumatic Brain Injury in Combat Casualties. Curr Trauma Rep. 2018; 4: 149-159.
9. Davis BL, Martin, MJ, Schreiber M. Military Resuscitation: Lessons from Recent Battlefield Experience. Curr Trauma Rep. 2017; 3: 156-163.
10. Mendoza J, Mallari-Ramos P, Thoren K, et al. Interventional Radiology in the Combat Environment. Curr Trauma Rep. 2017; 3: 249-256.
11. Yun HC, Blyth DM, Murray CK. Infectious Complications After Battlefield Injuries: Epidemiology, Prevention, and Treatment. Curr Trauma Rep. 2017; 3: 315-323.

TEXTBOOK EDITOR

1. Feliciano DV, Mattox KL, Moore EE, Alam HB, Ball CG, Inaba K, Kozar R, Livingston DH, **Schreiber MA**. Trauma. McGraw Hill. NY, NY. 2020

A handwritten signature in black ink, appearing to be the initials 'M' followed by a horizontal line.

5/21/2024

EXHIBIT B



**CASES IN WHICH DR. MARTIN SCHREIBER PARTICIPATED
AS A WITNESS, 2019 - 2023**

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2023

McAfee v. IHC Health, et al.

Rocky Mountain Gun Owners, et. al. v. The Town of Superior, et al.
Court System: U.S. District Court for the District of Colorado
Civil Action No. 1:22-cv-02680-NYW-SKC

National Association for Gun Rights v. City of Highland Park, Illinois,
Court System: U.S. District Court for the Northern District of Illinois,
Eastern Division
Case No. 1:22-cv-04774

Grant v. Lamont
Court System: U.S. District Court, District of Connecticut
Case No. 3:22-CV-01223

2022

Cutberto Viramontes, et al. v. Cook County, et al
Court System: U.S. District Court for the Northern District of Illinois,
Eastern Division
Case Number: 21 CV 4595

Jones v The Regents of the University of California, et al.
Court System: Superior Court of California, County of Oregon
Case No: 30202201255972CUMMCJC

Jorge Mata, et al vs Kavita Kalra, et al
Court System: Circuit Court for Baltimore City - Civil System
Case No: 24C21000799

Durst, Lisa, et al. v Dimensions Health Corporation, et al
Court System: Circuit Court for Prince George's County - Civil System
Case No: CAL20-12015

Martin Mendoza v Dignity Health, et al
Court System: Superior Court of Arizona - Maricopa County
Case No: CV2021-002097

Linda Marie Bowen – Provided opinion

Chaston v. RCH Alexander
Court System: Multnomah County Circuit Court
Case No: 19CV01550

Jackson Memorial Hospital in Miami, FL – Asked by institution to review
quality of care

2021

Fritz – Did not go to trial

Babcock v. Legacy Emanuel Hospital & Health Center, et al.
Court System: Multnomah County Circuit Court
Case No: 21CV20733

Bauer v. Norfleet
Court System: Cook County Circuit Court – Illinois
Case No: 2017-L-010460

Williams – Did not go to trial

Roy Shaw vs. OSF Healthcare System d/b/a St. Francis Medical Center,
The Peoria Surgical Group, Ltd.
Court System: Peoria County Court – Illinois
Case No: 20-L-00171

Hulda Stebbins vs. OSF Healthcare System, Robin Alley, MD
Court System: Peoria County Court – Illinois
Case No: 20-L-00177

2020

Miller/Kristina M. Hull (closed case, no official case name available)
Court System: Clallam District Court II
Case No: 1A0509632

Martindale v Indiana University Health, et al
Court System: US District Court – Southern District of Indiana,
Indianapolis Division
Case No: 1:19-cv-00513-RLY-DML

Schiffbauer v OSF Healthcare System, et al

Court System: Cook County Circuit Court – Illinois
Case No: 2020L001298

John Sandstrom v Salem Health et al
Court System: Multnomah County Circuit Court
Case No: 19CV02923

Kelly White v Providence Health & Services – Oregon; et al
Court System: Multnomah County Circuit Court
Case No: 18CV19321

Nadrau v Bax MD
Court System: Spokane County Superior Court
Case No: 17-2-02562-8

2019

Gordon vs Reading Hospital and Medical Center, Wayne C Devos, MD,
Frank M Carter, MD, Berks Colorectal Surgical Associates
Court System: Berks County Court of Common Pleas
Case No: 12-17768

Welborn vs Sarah Bush Lincoln Health Center, et al
Court System: Coles County Circuit Court
Case No: 2016-L-8

Tatham vs Hualapai Mountain Medical Center LLC, Hualapai Emergency
Partners PLLC and Bruce K Adams, MD
Court System: Superior Court of Arizona - Maricopa County
Case No: CV2012-005215

Izenberg v. Scottsdale Hospital, et al
Court System: Superior Court of Arizona - Maricopa County
Case No: CV2010-000915

Vasily Kobel vs. City of Portland, James Botaitis, Steven Wuthrich, and
DOES 1-10
Court System: United States District Court for the District of Oregon
Case No: CV-08-986-KI

Hale v OSF Healthcare System, et al
Court System: Peoria County Court – Illinois
Case No: 17-L-7

Dametria Hartage vs Mark Zweban, MD and Delaware Cardiovascular Associates and Wilmington Hospital/Christiana Care Health Services.
Court System: Superior Court of the State of Delaware – New Castle County
Case No: N18C-06-005-CEB

Barbara Henry v PeaceHealth Southwest Medical Center – Did not go to trial

Knutson v Erdman, et al
Court System: Superior Court of Washington – Kittitas County
Case No: 18-2-00115-6

Sharp v. OSF Healthcare System, et al
Court System: Peoria County Court – Illinois
Case No: 17-L-316